

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 582875

(1)

1. Corporation Name

A. MONEIM RAMADAN, M.D., P.A.



Principal Place of Business

407 N. HERNANDO ST
LAKE CITY FL 32055
US

Mailing Address

P. O. BOX 110
LAKE CITY FL 32056
US

2. Principal Place of Business

2a. Mailing Address

21 9303 NW 143rd Street

26 Post Office Box 940

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Alachua, FL

27 City & State
28 Alachua, FL

24 Zip
32615

25 Country
Alachua

29 Zip
32616-0940

30 Country
Alachua

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/21/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1837522

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9303 NW 143rd Street

83

84 City

Alachua

FL

85 Zip Code
32615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if that applies.

Signature, typed or printed name of registered agent, if that applies.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RAMADAN, A. MONEIM
407 N. HERNANDO STREET
LAKE CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
EVANS, REBECCA G.
25 MCFARLANE AVE.
LAKE CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
9303 NW 143rd Street
Alachua, FL 32615

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
VP,S,T,D
9303 NW 143rd Street
Alachua, FL 32615

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rebecca G. Evans Rebecca G. Evans

05/01/96

(904) 462-4375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)