

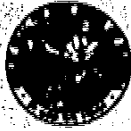
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 26 PM 12:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 764808 (2)**

**1. Corporation Name  
THE RAMADAN MEDICAL FOUNDATION, INC.**

**Principal Place of Business Mailing Address**  
**25 MCFARLANE AVE. P. O. BOX 110  
LAKE CITY FL 32055 LAKE CITY FL 32056-0110  
US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/02/1982</b>	3a. Date of Last Report <b>06/06/1994</b>
4. FEI Number <b>59-2226717</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 407 N. HERNANDO ST</b> Suits, Apt. #, etc.	2a. Mailing Address <b>26</b>
22 City & State <b>23 LAKE CITY, FL</b>	27 City & State <b>28</b>
24 Zip <b>32055</b>	25 Country <b>29 COLUMBIA</b>
30	30

9. Name and Address of Current Registered Agent <b>EVANS, REBECCA G. ROUTE 3, BOX 482 ALACHUA FL 32615</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD RAMADAN, A. MONEIM, M.D.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RT 3, BOX 482</b>	1.2 NAME	
STREET ADDRESS	<b>ALACHUA FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, REBECCA G.</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 3, BOX 482</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALACHUA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPO</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HADEN, THOMAS</b>	3.2 NAME	<b>D NELSON MARY LEE</b>
STREET ADDRESS	<b>512 W. MONTGOMERY</b>	3.3 STREET ADDRESS	<b>504 BUSY</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>	3.4 CITY-ST-ZIP	<b>ARCHER, FL 32613</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(4), 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 017, 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 04/20/95 904-752-0906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**REBECCA G. EVANS**