

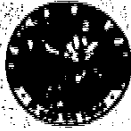
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**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.**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **09/02/1982** 3a. Date of Last Report: **06/06/1994**  
4. FEI Number: **59-2226717** Applied For:  Not Applicable:

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

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, REBECCA G.  
ROUTE 3, BOX 482  
ALACHUA FL 32615**

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ 85 Zip Code: **FL**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>RAMADAN, A. MONEIM, M.D.</b>
STREET ADDRESS	<b>RT 3, BOX 482</b>
CITY-ST-ZIP	<b>ALACHUA FL</b>
TITLE	<b>STD</b>
NAME	<b>EVANS, REBECCA G.</b>
STREET ADDRESS	<b>ROUTE 3, BOX 482</b>
CITY-ST-ZIP	<b>ALACHUA FL</b>
TITLE	<b>VPO</b>
NAME	<b>HADEN, THOMAS</b>
STREET ADDRESS	<b>512 W. MONTGOMERY</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D NELSON, MARY LEE</b>
3.3 STREET ADDRESS	<b>504 BUSY</b>
3.4 CITY-ST-ZIP	<b>ARCHER, FL 32613</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/95  
Date

904-752-0906  
Telephone #