

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 407 N. HERNANDO ST. 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: 04/26/1995

2. Principal Place of Business: 21 9303 NW 143rd Street, 22 Suite, Apt. #, etc., 23 City & State: Alachua, FL, 24 Zip: 32615, 25 Country: Alachua
2a. Mailing Address: 26 Post Office Box 940, 27 Suite, Apt. #, etc., 28 City & State: Alachua, FL, 29 Zip: 32616-0940, 30 Country: Alachua

4. FEI Number: 59-2226717
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

9. Name and Address of Current Registered Agent
**EVANS, REBECCA G.
ROUTE 3, BOX 482
ALACHUA FL 32615**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	RAMADAN, A. MONEIM, M.D.
STREET ADDRESS	RT 3, BOX 482
CITY-ST-ZIP	ALACHUA FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	EVANS, REBECCA G.
STREET ADDRESS	ROUTE 3, BOX 482
CITY-ST-ZIP	ALACHUA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NELSON, MARY E
STREET ADDRESS	504 BUSY
CITY-ST-ZIP	ARCHER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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	VP, S, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D Fayez Ramadan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	6 Breezeway Drive
3.3 STREET ADDRESS	Elkton, Maryland 21921
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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 617, 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 #

CR2E037 (12/95)