

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20148

FILED
May 04, 2005
Secretary of State

Entity Name: RASHDA ALBIBI, M.D., P.A.

Current Principal Place of Business:

200 W 19TH ST
200 W.19TH ST.
PANAMA CITY, FL 32405 US

New Principal Place of Business:

200 W 19TH ST
PANAMA CITY, FL 32405 US

Current Mailing Address:

C/O MITZIE MOORE
200 W.19TH ST.
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-2451637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBIBI, RIYAD, M.D.
200 W 19 ST.
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

ALBIBI,, RIYAD M.D
200 W 19 ST.
PANAMA CITY, FL 32405 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RASHDA ALBIBI

05/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALBIBI, RIYAD, M.D.,
Address: 3724 PRESERVE BAY
City-St-Zip: PANAMA CITY, FL 32408

Title: D () Delete
Name: ALBIBI, RASHDA,
Address: 3724 PRESERVE BAY
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALBIBI, RIYAD M.D
Address: 3724 PRESERVE BAY BLVD
City-St-Zip: PANAMA CITY, FL 32408

Title: D (X) Change () Addition
Name: ALBIBI, RASHDA
Address: 3724 PRESERVE BAY BLVD
City-St-Zip: PANAMA CITY, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RASHDA ALBIBI

PD

05/04/2005

Electronic Signature of Signing Officer or Director

Date