

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J09895

1. Entity Name

HEALTH CARE INVESTORS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90064 026 ***150.00

Principal Place of Business

Mailing Address

127 JENKS CIRCLE
PANAMA CITY FL 32405
US

127 JENKS CIRCLE
PANAMA CITY FL 33637-7913
US

2. Principal Place of Business

3. Mailing Address

11106 N 30TH ST

11106 N 30TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33612

US

33612

US

4. FEI Number

59-2674413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARE, DIANE C. CPA
3003 S. HWY 77, SUITE A
LYNN HAVEN FL 32444

Name

OSAMA KAYALI, CPA

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

7128 N 56th Street, Ste. 2

City

TAMPA

FL

Zip Code

33617

8. 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

Osama Kayali OSAMA KAYALI

4/18/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MOSTAFA, ABDEL MONEM
801 W 13TH ST., APT. A-13
PANAMA CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELKADI, AHMED
127 JENKS CIRCLE
PANAMA CITY FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELKADI, AHMED
11106 N 30TH ST
TAMPA, FL 33612

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD-
ELKADI, IMAN
127 JENKS CIRCLE
PANAMA CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Osama Kayali SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)