

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L39699** (8)

1. Corporation Name

CENTER FOR MEDICINE AND PSYCHIATRY, INC.

Principal Place of Business

**1408 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

Mailing Address

**1408 SAN MARCO BLVD.
JACKSONVILLE FL 32207**



2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/26/1989

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2983909

Applied For

Not Applicable

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

**SALEH, MOHAMED O.
1408 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

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

Signature typed or printed name of signing officer or director

(NOTE: Registered Agent Signature required when changing)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P

**SALEH, MOHAMED O.
1408 SAN MARCO BLVD.
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP

**SALEH, KALED
1408 SAN MARCO BLVD.
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T

**SALEH, MUKTAR
1408 SAN MARCO BLVD
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S

**SALEH, ISSA
1408 SAN MARCO BLVD
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C

**SALEH, MOHAMED, SHEK
1408 SAN MARCO BLVD
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

M

**BAHALIAI, MERIEM ALT
1408 SAN MARCO BLVD
JACKSONVILLE FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. 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, changing or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7/96

(904) 399-5636

CR2E034 (3/96)