

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90160 050 ****70.00

DOCUMENT # N00000005526

1. Entity Name
RAMADAN-NASSAR MEDICAL FOUNDATION, INC.



Principal Place of Business

**637 NW 13TH ST.
GAINESVILLE FFL 32601**

Mailing Address

**637 NW 13TH ST.
GAINESVILLE FFL 32601**

2. Principal Place of Business

637 NW 13TH ST

3. Mailing Address

P.O. Box 940

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Gainesville FL

Alachua, FL

City & State

City & State

Zip

Country

Zip

Country

32601

32616

4. FEI Number **59-3664231**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMADAN, MONEIM
637 NW 13TH ST.
GAINESVILLE FFL 32601**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eman Ramadan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-26-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMADAN, MONEIM	
STREET ADDRESS	637 NW 13TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMADAN, FAYEZ	
STREET ADDRESS	637 NW 13TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMADAN, EMAN	
STREET ADDRESS	637 NW 13TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eman Ramadan* **SIGNATURE REQUIRED**

4-26-03 352-333-1977

CR2E037 (10/02)