

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90337 034 \*\*\*\*61.25

**DOCUMENT # N01000003741**

1. Entity Name  
**PANAMA CITY FREE CLINIC, INC.**



Principal Place of Business  
**609 ALLEN AVE.  
PANAMA CITY, FL 32401**

Mailing Address  
**P. O. BOX 15266  
PANAMA CITY, FL 32406-5216**

**14014317**



2. Principal Place of Business

**707 Jenks Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**P. O. Box 16136**  
Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State

**Panama City, FL**

City & State

**Panama City, FL**

4. FEI Number  
**59-3638625**

Applied For  
Not Applicable

Zip

**32401**

Country

**Bay**

Zip

**32406**

Country

**Bay**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALMAN, SHAYMA  
6101 HARVEY ST 9  
PANAMA CITY, FL 32404**

7. Name and Address of New Registered Agent

Name **Heather Shaffer, M.D.**

Street Address (P.O. Box Number is Not Acceptable)  
**925 Cherry St.**

City

**Panama City**

FL

Zip Code

**32405**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

TITLE **PD** ☐ Delete  
NAME **ZAWAHRY, HEATHER**  
STREET ADDRESS **2194 BRIARWOOD CIR.**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **VD** ☐ Delete  
NAME **SALMAN, SHAYMA**  
STREET ADDRESS **268 SUKOSHI DR.**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **STD** ☐ Delete  
NAME **BELION, AESHA**  
STREET ADDRESS **3742 PIPELINE RD**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **P** ☐ Delete  
NAME **SALMAN, SHAYMA**  
STREET ADDRESS **6101 HARVEY ST 9**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **VT** ☐ Delete  
NAME **EAWHARY, HEATHER**  
STREET ADDRESS **2194 BRIARWOOD CT**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **ST** ☐ Delete  
NAME **BETION, AESHA**  
STREET ADDRESS **3742 PIPELINE RD**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **President  
Heather Shaffer, MD**  
STREET ADDRESS **925 Cherry St**  
CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☒ Change ☐ Addition  
NAME **Vice President  
O. A. Rifai, MD**  
STREET ADDRESS **502 N. MacArthur Ave.**  
CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☒ Change ☐ Addition  
NAME **Secretary / Treasurer  
Amin Abdelghany, MD**  
STREET ADDRESS **340 W. 23rd St. Suite B**  
CITY-ST-ZIP **Panama City, FL 32405**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**Heather Shaffer Zawahry**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/04**  
Date

**850-785-3964**  
Daytime Phone #