

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

02-21-2003 90217 035 ****66.25

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3638625**

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

SALMAN, SHAYMA
268 SUKOSHI DR
PANAMA CITY FL 32404

Name **Shayma Salman**

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

6101 Harvey St #9

Panama City, FL 32404

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Shayma Salman - President 2/18/03

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

TITLE **President** ☒ Change ☐ Addition
NAME **Shayma Salman**
STREET ADDRESS **6101 Harvey St #9**
CITY-STATE-ZIP **Panama City, FL 32404**

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

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Heather Zawahry**
STREET ADDRESS **2194 Briarwood Cir**
CITY-STATE-ZIP **Panama City, FL 32405**

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

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Aesha Belion**
STREET ADDRESS **3742 Pipeline Rd.**
CITY-STATE-ZIP **Panama City, FL 32404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Shayma Salman - President 2/18/03 (RSC) 774-0607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)