

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

FILED

03 JAN -7 AM 11:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200009998112
01/09/03--01059--003 **131.25

DOCUMENT # **NO9616**

1. Entity Name
**Institute of Islamic Medicine for
Education & Research**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6166 Leesburg Pike

Suite, Apt. #, etc.

D-414

3. Mailing Address

Suite, Apt. #, etc.

City & State

Falls Church, VA

City & State

Zip

22044

Country

USA

Zip

Country

4. FEI Number

59-3034544

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Osama Kayali, CPA**

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

7628 N. 56th Street, Suite 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDT
MUSTAFA, ABDEL MONEM
6166 LEESBURG PIKE, # A-207
FALLS CHURCH, VA 22044**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
ELKADI, IMAN
6166 LEESBURG PIKE, # A-403
FALLS CHURCH, VA 22044**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
EL-MENSHAWI, ALI
1262 SAVANNAH DR.
MOBILE, AL 36609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Iman Elkadi** **IMAN ELKADI**

12/26/02

703-241-5477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

Institute of Islamic Medicine for Education and Research



Ahmed Elkadi, MD
President

A.M. Mostafa, MD, MS
Research Associate Urology

December 26, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: # N09616 Application for Reinstatement

Dear Sir or Madam:

I am now responsible for all the bookkeeping and paper work for the Institute. My husband, Dr. Ahmed Elkadi, is the founder and former President of the Institute. Since 1997, his health has been deteriorating because of a form of Parkinson's disease that also causes episodes of dementia. In June 2000, he suffered head trauma in a car accident which aggravated his condition. In March 2002, he was hospitalized for a stroke. Since I am his primary caregiver, the toll on my mental and physical health has been considerable. As a result, I have been unable to follow through on time despite my best intentions. Enclosed please find medical reports from his doctors and copy of the Power of Attorney.

The research and education work of the Institute continues under the direction of Dr. A.M. Mostafa. However, I am the one who is responsible for paper work. In view of the circumstances, I request you to kindly reinstate the Institute's corporate status. Thank you for your consideration.

Sincerely yours,

Iman A. Elkadi (Mrs.)

Enc.