

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004669

FILED
May 05, 2012
Secretary of State

Entity Name: RAHMA MERCY CLINIC INC.

Current Principal Place of Business:

5220 SW 13TH STREET
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 142441
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 27-2532869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHMED, MUSTAFA M
2508 SW 35TH PLACE
#R-107
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: KHAN, SAEED
Address: 3504 SW 1ST WAY
City-St-Zip: GAINESVILLE, FL 32601 US

Title: TRES
Name: ELMAHDAWY, AHMED E
Address: 4421 SW 85TH WAY
City-St-Zip: GAINESVILLE, FL 32608 US

Title: DIR
Name: AHMED, MUSTAFA M
Address: 2508 SW 35TH PLACE # R-107
City-St-Zip: GAINESVILLE, FL 32608 US

Title: DIR
Name: ASHFAQ, UMNA
Address: 2446 NW 12TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DIR
Name: EL MAHDAWY, AHMED M
Address: 4421 SW 85TH WAY
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D
Name: O'KEEFE, ALIYAH
Address: 2735 SW 35TH PL, #904
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MUSTAFA AHMED

DIR

05/05/2012

Electronic Signature of Signing Officer or Director

Date