

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50652

1. Entity Name

FLORIDA PANHANDLE PEDIATRIC FOUNDATION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90114 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

914 HARRISON AVE.  
PANAMA CITY FL 32401  
US

914 HARRISON AVE.  
PANAMA CITY FL 32401-2528  
US

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

59-3143464

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

~~HUNT, PAUL MD~~  
~~914 HARRISON AVENUE~~  
~~PANAMA CITY FL 32401~~

Name

YAHIA RAHIM, M.D.

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

200 WEST 19TH STREET

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME YAHIA, RAHIM M.D.  
STREET ADDRESS 200 WEST 19TH ST.  
CITY-ST-ZIP PANAMA CITY FL

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

TITLE VD ☐ Delete  
NAME ALBIBI, RASHDA MD  
STREET ADDRESS 200 W 19 ST  
CITY-ST-ZIP PANAMA CITY FL

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

TITLE ~~SD~~ ☒ Delete  
NAME ~~RACHESKY, INGRID M~~  
STREET ADDRESS ~~2550 JENKS AVE~~  
CITY-ST-ZIP ~~PANAMA CITY FL~~

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

TITLE ~~TD~~ ☒ Delete  
NAME ~~RACHESKY, INGRID M~~  
STREET ADDRESS ~~2550 JENKS AVE~~  
CITY-ST-ZIP ~~PANAMA CITY FL~~

TITLE ☒ Change ☐ Addition  
NAME ~~Ingrid M. Rachesky~~  
STREET ADDRESS  
CITY-ST-ZIP ~~Disregard.~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(850) 872-4840

Daytime Phone #