

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N50652

1. Entity Name
FLORIDA PANHANDLE PEDIATRIC FOUNDATION, INC.



Principal Place of Business
**748 HARRISON AVE
PANAMA CITY, FL 32401 US**

Mailing Address
**748 HARRISON AVE
PANAMA CITY, FL 32401 US**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-NP CR2E037 (11/05)

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

**RAHIM M.D., YAHIA
200 WEST 19TH STREET
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE SD
NAME HUTCHINSON, EDWARD A
STREET ADDRESS 221 MCKENZIE AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32402

TITLE TD
NAME HUTCHISON, EDWARD A
STREET ADDRESS 221 MCKENZIE AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000487331
04/13/06-80073-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patti Welch (PATTI WELCH)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06
Date

850-873-4840
Daytime Phone #