2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# N50652

Entity Name: FLORIDA PANHANDLE PEDIATRIC FOUNDATION, INC.

Current Principal Place of Business:

748 HARRISON AVE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

748 HARRISON AVE
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-3143464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAHIM M.D., YAHIA
200 WEST 19TH STREET
PANAMA CITY, FL 32405 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: PD ( ) Delete
Name: YAHIA, RAHIM M.D.
Address: 200 WEST 19TH ST.
City-St-Zip: PANAMA CITY, FL

Title: VD ( ) Delete
Name: ALBIBI, RASHDA MD,
Address: 200 W 19 ST
City-St-Zip: PANAMA CITY, FL

Title: SD ( ) Delete
Name: HUTCHINSON, EDWARD A
Address: 221 MCKENZIE AVENUE
City-St-Zip: PANAMA CITY, FL 32402

Title: TD ( ) Delete
Name: HUTCHISON, EDWARD A
Address: 221 MCKENZIE AVENUE
City-St-Zip: PANAMA CITY, FL 32402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YAHIA RAHIM, M.D. P 03/06/2007

Electronic Signature of Signing Officer or Director — Date