

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 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



03052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000881698
04/16/08-80011-006 61.25

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	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08

Date

850-872-4840

Daytime Phone #