

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50652

FILED  
Mar 23, 2009  
Secretary of State

**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:**

2814 W. 15TH ST.  
PANAMA CITY, FL 32401 US

**Current Mailing Address:**

748 HARRISON AVE  
PANAMA CITY, FL 32401 US

**New Mailing Address:**

2814 W. 15TH ST.  
PANAMA CITY, FL 32401 US

**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 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: PATTI WELCH, RN-BSN

DIR

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date