2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

DOCUMENT# N50652

Entity Name: FLORIDA PANHANDLE PEDIATRIC FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2814 W. 15TH ST.
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:

BAKER M.D., MOHAMED
2420 JENKS AVE
SUITE 3
PANAMA CITY, FL 32405 US

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: MOHAMED BAKER, M.D. 03/20/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MOHAMED, BAKER M.D.
Address: 2420 JENKS AVE, SUITE 3
City-St-Zip: PANAMA CITY, FL

Title: VD
Name: ALBIBI, RASHDA M.D.
Address: 200 W 19 ST
City-St-Zip: PANAMA CITY, FL

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATTI WELCH DIR 03/20/2012
Electronic Signature of Signing Officer or Director Date