

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001652

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: EGYPTIAN AMERICAN MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

9TH ST. NORTH
ST. PETERSBURG, FL 33742

New Principal Place of Business:

Current Mailing Address:

BOX 22429
ST. PETERSBURG, FL 33742

New Mailing Address:

FEI Number: 59-3506068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAKKI, SAM
9TH ST. NORTH
ST. PETERSBURG, FL 33742

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: MALLAWANY, AMIN E.
Address: 33 PEPPER CREEK DR.
City-St-Zip: PEPPER PIKE, OH 44124

Title: VD () Delete
Name: SAYAH, SAYED
Address: 19 TYLER ST.
City-St-Zip: NASHUA, NH 03060

Title: SD () Delete
Name: GINDY, ALAA EL
Address: 1509 72ND ST. N.
City-St-Zip: BERGEN, NJ 07047

Title: TD () Delete
Name: HAKKI, SAM
Address: 9TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33742

Title: TT () Delete
Name: BUCKLEY, JAMES M
Address: 13602 2ND AVE NE
City-St-Zip: BRADENTON, FL 34202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 Section 119.07(3)(i), 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: JAMES M BUCKLEY

TT

04/30/2002

Electronic Signature of Signing Officer or Director

Date