

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90085 034 \*\*\*\*61.25

**DOCUMENT # N98000001652**

1. Entity Name

**EGYPTIAN AMERICAN MEDICAL ASSOCIATION, INC.**



Principal Place of Business

**9TH ST. NORTH  
ST. PETERSBURG FL 33742**

Mailing Address

**BOX 22429  
ST. PETERSBURG FL 33742**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3506068**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	MALLAWANY, AMIN E.	33 PEPPER CREEK DR.	PEPPER PIKE OH 44124	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SAYAH, SAYED	19 TYLER ST.	NASHUA NH 03060	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	GINDY, ALAA EL	1509 72ND ST. N.	BERGEN NJ 07047	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	HAKKI, SAM	9TH ST. N.	ST. PETERSBURG FL 33742	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TT	BUCKLEY, JAMES M	13602 2ND AVE NE	BRADENTON FL 34202	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03 (727) 3949568**

CR2E037 (10/02)