

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000151821

Entity Name: MUSTAFA A. HAMMAD, M.D., P.A.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

29 DOCTORS DRIVE
PANAMA CITY, FL 32405

New Principal Place of Business:

645 HWY 231
PANAMA CITY, FL 32405

Current Mailing Address:

29 DOCTORS DRIVE
PANAMA CITY, FL 32405

New Mailing Address:

645 HWY 231
PANAMA CITY, FL 32405

FEI Number: 20-8005375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KICHN, ROLAND W
220 MCKENZIE AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

KIEHN, ROLAND W
220 MCKENZIE AVE
PANAMA CITY, FL 32401 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: RONALD W KIEHN

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMMAD, MUSTAFA A
Address: 29 DOCTORS DR
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: HAMMAD, MUSTAFA A
Address: 645 HWY 231
City-St-Zip: PANAMA CITY, FL 32405

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MUSTAFA A HAMMAD

MD

04/21/2008

Electronic Signature of Signing Officer or Director

Date