

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000151821

**FILED**  
**Dec 13, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

1931 MARTIN LUTHER KING JR BLVD  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

1931 MARTIN LUTHER KING JR BLVD  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 20-8005375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HAMMAD, MUSTAFA A MD  
1931 MARTIN LUTHER KING JR BLVD  
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: MUSTAFA HAMMAD

12/13/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HAMMAD, MUSTAFA A MD  
Address: 645 HWY 231  
City-St-Zip: PANAMA CITY, FL 32405

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

SIGNATURE: MUSTAFA HAMMAD

DR

12/13/2013

Electronic Signature of Signing Officer or Director

Date