

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000036104

**FILED**  
**Jul 20, 2010**  
**Secretary of State**

**Entity Name:** GENERAL SURGERY OF PANAMA CITY, INC.

**Current Principal Place of Business:**

2420 JENKS AVE.  
#A3  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

2633 MARTIN LUTHER KING BLVD  
UNIT B  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2420 JENKS AVE.  
#A3  
PANAMA CITY, FL 32405

**New Mailing Address:**

2633 MARTIN LUTHER KING BLVD  
UNIT B  
PANAMA CITY, FL 32405

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

MOUSA, HATEM  
2950 HARRISON AVENUE  
APT. 2934 A  
PANAMA CITY, FL 32405 US

**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: HATEM MOUSSA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOUSSA, HATEM  
Address: 2950 HARRISON AVE, APT 2934A  
City-St-Zip: PANAMA CITY, FL 32405 US

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: HATEM MOUSSA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MD

07/20/2010

\_\_\_\_\_  
Date