

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

193

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06-JAN -3 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05-06

**DOCUMENT # P92000011978**

1. Entity Name  
**AAKEL RIVERSIDE WALK-IN CLINIC, INC.**



Principal Place of Business  
**5433 COMMERCIAL WAY  
SPRING HILL, FL 34606 US**

Mailing Address  
**5433 COMMERCIAL WAY  
SPRING HILL, FL 34606 US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



67052005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3154147**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**AKEL, MAHMOOD  
5433 COMMERCIAL WAY  
SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AKEL, MAHMOOD 5433 COMMERCIAL WAY SPRING HILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800063482808</b> <b>01/12/06--01003--001 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, 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:** \_\_\_\_\_ **MAHMOOD AKEL** **10-11-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2073

Aakel Riverside Walk-In Clinic, Inc.  
5433 Commercial Way  
Spring Hill, FL 34606

July 6, 2005

Division of Corporations  
Post Office Box 6198  
Tallahassee, FL 32314-6198

Re: P92000011978

Dear Sir or Madam:

I am in receipt of your Notice of Intent to Dissolve my corporation, Aakel Riverside Walk-In Clinic, Inc. Please find enclosed the 2005 For Profit Corporation Annual Report, along with my check for \$150.00. I respectfully request that you accept and process the report and \$150.00 filing fee, since I did not receive any prior notification of filing.

Thank you in advance for your cooperation in this matter.

Sincerely,

AAKEL RIVERSIDE WALK-IN CLINIC, INC.



Mahmood Akel,  
President

Enclosures

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Aakel Riverside Walk-In Clinic, Inc.  
5433 Commercial Way  
Spring Hill, FL 34606

December 30, 2005

Florida Department of State  
Ms. Eula Peterson  
PERSONAL AND CONFIDENTIAL  
Post Office Box 6327  
Tallahassee, FL 32314

Re: P92000011978

Dear Ms. Peterson:

I was quite shocked to receive your Notice of Dissolution. Please be advised I mailed in my 2005 Annual Report, along with a cover letter and my check #15409 in the amount of \$150.00, on July 6, 2005. As noted in my July 6, 2005 letter, I did not receive prior notification of filing from the State. Enclosed are copies of the report and letter.

When I checked with my bank to see if my check had cleared, they advised it had not. I have also enclosed copies of my posting journal and bank reconciliation to substantiate the check was written and is still outstanding.

Please reinstate my corporation by accepting my replacement check #16084 in the amount of \$300.00, which represents payment for the 2005 and 2006 Annual Reports. I should not be penalized any additional fees since the circumstances involved were beyond my control. Thank you.

Sincerely,

AAKEL RIVERSIDE WALK-IN CLINIC, INC.



Mahmood Akel,  
President

Enclosures