

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91065 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000020140

1. Entity Name
MED RAD, INC.



Principal Place of Business
1304 HARRISON AVE.
PANAMA CITY, FL 32401

Mailing Address
1304 HARRISON AVE.
PANAMA CITY, FL 32401

2. Principal Place of Business
2832 AMELIA AVENUE
Suite, Apt. #, etc.

3. Mailing Address
2832 AMELIA AVENUE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PANAMA CITY, FL
Zip Country
32405 BAY

City & State
PANAMA CITY, FL
Zip Country
32405 BAY

4. FEI Number **65-0563701** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, ANNE D
1304 HARRISON AVE.
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name
ANNE D. HARRIS
Street Address (P.O. Box Number is Not Acceptable)
2832 AMELIA AVENUE
PANAMA CITY, FL 32405
City Zip Code
FL 32405

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]* **ANNE D. HARRIS** **04-15-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARRIS, ANNE D**
STREET ADDRESS **1304 HARRISON AVE.**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** ☒ Delete
NAME **ELKOMY, FAWZIA**
STREET ADDRESS **1304 HARRISON AVE.**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **D** ☒ Delete
NAME **ELKOY, IBRAHIM A.**
STREET ADDRESS **1304 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **HARRIS, ANNE D**
STREET ADDRESS **2832 AMELIA AVENUE**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *[Signature]* **ANNE D. HARRIS** **04-15-2003** **850-763-4914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Phone #

CR2E034 (10/02)