

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000037498 (9)**

1. Corporation Name
PANAMA CITY ADVANCED SCHOOL CORPORATION



Principal Place of Business

Mailing Address

**200 WEST 19TH STREET
PANAMA CITY FL 32405**

**200 WEST 19TH STREET
PANAMA CITY FL 32405-4628**

2. Principal Place of Business

2a. Mailing Address

21 **Tolsen Road**

26 **Tolsen Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **3332**

27 **3332**

City & State

City & State

23 **Panama City, FL**

28 **Panama City FL**

Zip

Country

Zip

Country

24 **32405**

25

29 **32405**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/10/1995

02/28/1996

4. FEI Number

59-3321453

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

**RAHIM, YAHIA A M.D.
200 WEST 19TH STREET
PANAMA CITY FL 32405**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ALBIBI, RIYAD M.D.**
STREET ADDRESS **1936 JENKS AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

1.1 TITLE **Member** ☐ Change ☒ Addition
1.2 NAME **HASHEM MUBARAK MD**
1.3 STREET ADDRESS **3317 HARBOR PLACE**
1.4 CITY-ST-ZIP **PANAMA CITY FL 32405** ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **RAHIM, YAHIA A M.D.**
STREET ADDRESS **200 WEST 19TH STREET**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **DST** ☐ DELETE
NAME **OBID, MARWAN M.D.**
STREET ADDRESS **921 WEST 23RD STREET**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

3-29-97

(904)-872-0021

CR2E034 (9/96)