

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059342

1. Entity Name

CITY MEDICAL CENTER, INC.

Principal Place of Business

340 W 23RD ST  
SUITE K  
PANAMA CITY FL 32405  
US

Mailing Address

3301 KINGS ROAD  
APT #1  
PANAMA CITY FL 32405  
US

2. Principal Place of Business

340 W 23rd st

3. Mailing Address

Suite, Apt. #, etc.

suite B

Suite, Apt. #, etc.

City & State

Panama city FL

City & State

Zip

32405

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

ABDELGHANY, KAMAL AVELU  
3301 KINGS ROAD  
PANAMA CITY FL 32405

4. FEI Number

59-3523543

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name ABOELGHANY K. AMIN

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

3301 KINGS ROAD

City PANAMA CITY FL Zip Code 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMAL, AMIN A 3301 KINGS ROAD PANAMA CITY FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABDELGHANY K. AMIN 3301 KING RD PANAMA CITY FL 32405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMER, JEHAN 3301 KINGS ROAD PANAMA CITY FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Amin Kamal Abdelghany* 1-17-01  
Signature and Typed or Printed Name of Signing Officer or Director Date  
850-913-8991 Last 4 Digits of Telephone Number

CR2E034 (10/00)