

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
 01-26-2001 90152 013 ***150.00

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, Apt. #, etc.

suite B

City & State

Panama City FL

City & State

4. FEI Number

59-3523543

Applied For

Not Applicable

Zip

32405

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABDELGHANY, KAMAL AVELU
 3301 KINGS ROAD
 PANAMA CITY FL 32405**

Name

ABDELGHANY 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 **D** ☐ Delete
 NAME **KAMAL, AMIN A**
 STREET ADDRESS **3301 KINGS ROAD**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Change ☐ Addition
 NAME **ABDELGHANY K. AMIN**
 STREET ADDRESS **3301 KING RD**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Delete
 NAME **AMER, JEHAN**
 STREET ADDRESS **3301 KINGS ROAD**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amin Kamal Abdelghany

Date

1-17-01

850-913-8991

CR2E034 (10/00)