2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000059342

1. Entity Name
CITY MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
750 HARRISON AVE PANAMA CITY, FL 32401 US	750 HARRISON AVE PANAMA CITY, FL 32401 US

DO NOT WRITE IN THIS SPACE

01212006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3523543		Not Applicable

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

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6. Name and Address of Current Registered Agent

ABDELGHANY, A K
3301 KINGS ROAD
PANAMA CITY, FL 32405

**DO NOT WRITE
IN THIS SPACE**

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 _____ A A _____   11/29/06

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, 2006 Fee will be $550.00

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

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10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ABDELGHANY, A K
STREET ADDRESS	3301 KINGS ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32405

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ MD _____   11/29/06   850-913-8991

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