

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000008065

Entity Name: ST. GEORGE CLINIC, INC.**Current Principal Place of Business:**2135 W. BUSCH BLVD.
TAMPA, FL 33612**Current Mailing Address:**2135 W. BUSCH BLVD.
TAMPA, FL 33612 US**FEI Number: 83-1385238****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SALEH, FR. MOUSSA
2135 W. BUSCH BLVD.
TAMPA, FL 33612 US*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: FR. MOUSSA SALEH****03/27/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BASIL, H G BISHOP
Address PO BOX 1005
City-State-Zip: COLLEYVILLE TX 76034

Title VP
Name SALEH, FR. MOUSSA
Address 2135 W. BUSCH BLVD
City-State-Zip: TAMPA FL 33612

Title OFFICER
Name GERGES, FR. JOSHUA
Address 2135 W. BUSCH BLVD.
City-State-Zip: TAMPA FL 33612

Title MEDICAL DIRECTOR
Name GHALY, DR. YOUSSEF MD
Address 2135 W. BUSCH BLVD.
City-State-Zip: TAMPA FL 33612

Title ADMINISTRATIVE DIRECTOR
Name HABIB, DR. ADEL MD
Address 2135 W. BUSCH BLVD.
City-State-Zip: TAMPA FL 33612

Title TREASURER
Name FARID, MR. SHERIF
Address 2135 W. BUSCH BLVD.
City-State-Zip: TAMPA FL 33612

Title SECRETARY
Name MIKHAIL, MRS. MARINA
Address 2135 W. BUSCH BLVD.
City-State-Zip: TAMPA FL 33612

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MR. SHERIF FARID**TREASURER****03/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date