2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000066780

1. Entity Name
T.Z. HAMAWAY, MD, PA

Principal Place of Business	Mailing Address
1800 E. LAS OLAS BOULEVARD FT. LAUDERDALE, FL 33301	1800 E. LAS OLAS BOULEVARD FT. LAUDERDALE, FL 33301

07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1036616
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAMAWAY, T.Z.
1800 E. LAS OLAS BOULEVARD
FT. LAUDERDALE, FL 33301

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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: T.Z. Hamaway MD, PA 7/8/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMAWAY, T.Z.
STREET ADDRESS	1800 E LAS OLAS BOULEVARD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/15/08-80001-006 158.75

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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: T.Z. Hamaway MD PA 7/8/08 954-524 1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #