

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107633

Entity Name: MARK E. JAWAHIR, P.A.

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

HIGHLANDS REG. MED. CENTER  
3600 S HIGHLANDS AVE  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

2317 NE LAKEVIEW DR  
SEBRING, FL 33870

**New Mailing Address:**

2801 LAKEVIEW DR  
SEBRING, FL 33870

FEI Number: 59-3506993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARK & JAWAHIR  
2317 NE LAKEVIEW DR  
SEBRING, FL 33870 US

**Name and Address of New Registered Agent:**

MARK E. JAWAHIR  
2801 LAKEVIEW DR  
SEBRING, FL 33870 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: MARK E. JAWAHIR

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JAWAHIR, MARK E  
Address: 2317 NE LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JAWAHIR, MARK E  
Address: 2801 LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK E. JAWAHIR

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date