

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90092 005 ***550.00

0126545 AT

DOCUMENT # P97000107633

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



Principal Place of Business
HIGHLANDS REG. MED. CENTER
3600 S HIGHLANDS AVE
SEBRING FL 33870

Mailing Address
1065 TORCHWOOD DRIVE
DELAND FL 32724



2. Principal Place of Business
Same as Above

3. Mailing Address
2317 NE Lakeview Dr.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
SEBRING FL

4. FEI Number 59-3506993

Applied For
 Not Applicable

Zip Country
33870 HIGHLANDS

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

6. Name and Address of Current Registered Agent
JAWAHIR, MARK E
1065 TORCHWOOD DRIVE
DELAND FL 32724

7. Name and Address of New Registered Agent
Name: MARK E JAWAHIR
Street Address (P.O. Box Number is Not Acceptable): 2317 NE LAKEVIEW DR
City: SEBRING FL Zip Code: 33870

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: *Mark Jawahir* DATE: 8/6/03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAWAHIR, MARK E 1065 TORCHWOOD DRIVE DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAWAHIR MARK E. 2317 NE LAKEVIEW DR SEBRING FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Mark Jawahir* DATE: 8/6/03 DAYTIME PHONE #: 863 381-0118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Attachment

80137046
#D97000107633

MARK JAWAHIR, MD
2317 NE LAKEVIEW DR.
SEBRING FL 33870

FL Dept. of STATE
Div. of Corporations

Re. Uniform Business Report 2003

Aug 6th 03

To whom it may concern.

Please be infrom the USBR form
was sent to my old address.
and was not received. I was
therefore unable to file above on time.

I have moved to Sebring FL
and the above address is current and
valid.

Please assist with the late fee penalty.

Thank you

Sincerely
Mark Jawahir