

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2006 08:00 AM  
Secretary of State

DOCUMENT # 502051

1. Entity Name  
MAHFOUZ EL SHAHAWY, M.D., P.A.



Principal Place of Business

1851 ARLINGTON STREET, SUITE 206  
SARASOTA, FL 34239

Mailing Address

1851 ARLINGTON STREET, SUITE 206  
SARASOTA, FL 34239



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1669799

Applied For  
Not Applicable

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

5. Name and Address of Current Registered Agent

EL SHAHAWY, MAFOUZ  
1851 ARLINGTON STREET  
SARASOTA, FL 34239

**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

*M. El Shahawy*

(NOTE: Registered Agent signature required when reissuing)

DATE

4/25/06

**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

000000559907  
05/18/06-00017-003 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PSD  
EL SHAHAWY, MAHFOUZ  
1851 ARLINGTON STREET  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*M. El Shahawy*

4/28/06

Date

941-3669800

Daytime Phone #