

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **586460** (8)

95 JAN 18 AM 8:25

1. Corporation Name
ADEL T. FAHMY, M.D., P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
150 E. COLUMBIA LANE COCOA BEACH FL 32931

3. Date Incorporated or Qualified 10/01/1978	3a. Date of Last Report 02/10/1994
4. FII Number 59-1840623	Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**FAHMY, ADEL T., M.D.
150 E. COLUMBIA LANE
COCOA BEACH, FLORIDA DM 32931**

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. State FL
06. Zip Code

11. Pursuant to the provisions of Sections 607 (0502) and 607 (1508), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (0508), Florida Statutes.

SIGNATURE: _____ (Signature of current agent or principal agent and the Secretary of State) _____ (Signature of New Agent, signature required after 2/1/95)

12. OFFICERS AND DIRECTORS		13. ALL OTHERS CHANGED BY THIS OFFICERS AND DIRECTORS	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHMY, ADEL T. M.D.	1.2 NAME	
STREET ADDRESS	150 E. COLUMBIA LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	COCOA BCH FL	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHMY, DORIS	2.2 NAME	
STREET ADDRESS	150 E. COLUMBIA LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	COCOA BCH FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exempt filing status as has been defined in the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation at the time this filing is processed, I am responsible for ensuring the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an addition.

SIGNATURE: *A. Fahmy* **A. FAHMY** 1/11/95 (407) 785-1870