

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # F68801 (2)**  
 1. Corporation Name  
**JOAN ELZAWAHRY, M.D., KAMEL ELZAWAHRY, M.D., P.A**

Principal Place of Business: **1042 JENKS AVE. PANAMA CITY FL 32401**  
 Mailing Address: **1042 JENKS AVE. PANAMA CITY FL 32401-2437**



2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: **02/26/1982**  
 3a. Date of Last Report: **03/13/1996**  
 4. FEI Number: **59-2187916**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ALBRITTON, RICHARD JR**  
**1042 JENKS AVE.**  
**PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent (81-85)

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELZAWAHRY, KAMEL	
STREET ADDRESS	<del>2012 STANFORD AVE</del> 3309 Harbour Pl.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ELZAWAHRY, JOAN	
STREET ADDRESS	<del>2012 STANFORD AVE</del> 3309 Harbour Pl.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELZAWAHRY, KAMEL	
1.3 STREET ADDRESS	3309 Harbour Place	
1.4 CITY-ST-ZIP	Panama City, FL 32405	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELZAWAHRY, JOAN	
2.3 STREET ADDRESS	3309 Harvour Place	
2.4 CITY-ST-ZIP	Panama City, FL 32405	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KAMEL ELZAWAHRY** *[Signature]* 904-785-0029

CR2E034 (9/96)