


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F68801 1. Entity Name JOAN ELZAWAHRY, M.D., KAMEL ELZAWAHRY, M.D., P.A.	
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Principal Place of Business 2202 STATE AVENUE SUITE 201 PANAMA CITY, FL 32405	Mailing Address 2202 STATE AVENUE SUITE 201 PANAMA CITY, FL 32405
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2187916	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ELZAWAHRY, KAMEL 2202 STATE AVENUE SUITE 201 PANAMA CITY, FL 32405
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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 _____ DATE 1/15/04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELZAWAHRY, KAMEL 2202 STATE AVENUE 201 PANAMA CITY, FL 02405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELZAWAHRY, JOAN 2202 STATE AVENUE SUITE 201 PANAMA CITY, FL 32405
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 01/16/04-80049-015 158.75

DO NOT WRITE IN THIS SPACE

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: Kamel Elzawahry M.D. 1/15/04 850-785-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #