2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F68801

JOAN ELZAWAHRY, M.D., KAMEL ELZAWAHRY, M.D.,



Principal Place of Business

2202 STATE AVENUE

SUITE 201

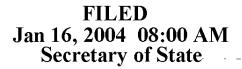
PANAMA CITY, FL 32405

Mailing Address

2202 STATE AVENUE

SUITE 201

PANAMA CITY, FL 32405





DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4. FEI Number Applied For 59-2187916 Not Applicable

5. Certificate of Status Desired

01122004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent ELZAWAHRY, KAMEL

2202 STATE AVENUE **SUITE 201** PANAMA CITY, FL 32405

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

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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.					
1) (5)					
SIGNATURE					
		Election Campaign Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELZAWAHRY, KAMEL 2202 STATE AVENUE 201 PANAMA CITY, FL 02405				Minnineaczzo
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	DVP ELZAWAHRY, JOAN 2202 STATE AVENUE SUITE 201 PANAMA CITY, FL 32405				U00000006773 01/16/04-80049-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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12. Thereby certify that the information supplied with this filling 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 cath; 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. Kamel Elzacahry in					