


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F68801
1. Entity Name
JOAN ELZAWAHRY, M.D., KAMEL ELZAWAHRY, M.D.,
P.A.



Principal Place of Business _____ Mailing Address _____
2202 STATE AVENUE 2202 STATE AVENUE
SUITE 201 SUITE 201
PANAMA CITY, FL 32405 PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2187916 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ELZAWAHRY, KAMEL
2202 STATE AVENUE
SUITE 201
PANAMA CITY, FL 32405

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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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02/21/05-80097-010 158.75
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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)(f), 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 2-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #