


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 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**



02092006    No Chg-P    CRZE034 (11705)

4. FEI Number                      Applied For  
 59-2187916                          Not Applicable

5. Certificate of Status Desired     \$8.75 Additional Fees Required

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

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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.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELZAWAHRY, JOAN 2202 STATE AVENUE SUITE 201 PANAMA CITY, FL 32405
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 02/25/06-80010-002 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.

SIGNATURE: \_\_\_\_\_ Date: 2/9/06 Daytime Phone #: 850-763-0158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR