

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 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

2202 STATE AVENUE  
SUITE 201  
PANAMA CITY, FL 32405

Mailing Address

2202 STATE AVENUE  
SUITE 201  
PANAMA CITY, FL 32405



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2187916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ELZAWAHRY, KAMEL  
2202 STATE AVENUE  
SUITE 201  
PANAMA CITY, FL 32405

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000707547

04/24/07-80080-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELZAWAHRY, KAMEL
STREET ADDRESS	2202 STATE AVENUE 201
CITY - ST - ZIP	PANAMA CITY, FL 02405
TITLE	DVP
NAME	ELZAWAHRY, JOAN
STREET ADDRESS	2202 STATE AVENUE SUITE 201
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

Date

Daytime Phone # \_\_\_\_\_