

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F91678** (5)

1. Corporation Name

KAMAL ZAWAHRY, M.D., P.A.

Principal Place of Business

**756 HARRISON AVE.
P.O. DRAWER 2130
PANAMA CITY FL 32401**

Mailing Address

**P.O. BOX 2130
PANAMA CITY FL 32402**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

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Suite, Apt. #, etc.

27

City & State

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Zip

Country

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3. Date Incorporated or Qualified

07/22/1982

3a. Date of Last Report

10/31/1995

4. FFI Number

59-2205806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZAWAHRY, KAMAL
756 HARRISON AVE.
PANAMA CITY FL 32401**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(Initials) Registered Agent Signature, typed or printed name.

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
ZAWAHRY, KAMAL
756 HARRISON AVE.
PANAMA CITY FL 32401**

☐ DELETE

TITLE
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STREET ADDRESS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

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