

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90005 005 \*\*\*558.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F91678</b>			
1. Entity Name <b>KAMAL ZAWAHRY, M.D., P.A.</b>			
Principal Place of Business <b>756 HARRISON AVE. PANAMA CITY, FL 32402</b>		Mailing Address <b>P.O. BOX 2130 PANAMA CITY, FL 32402</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2205806</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		07312007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>ZAWAHRY, KAMAL 756 HARRISON AVE. PANAMA CITY, FL 32402</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  <b>MD, PA</b> DATE <b>9-6-07</b> <small>(NOTE: Registered Agent signature required when constituting)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PA ZAWAHRY, KAMAL 756 HARRISON AVE. PANAMA CITY, FL 32401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.			
SIGNATURE:  <b>MD, PA</b>		Date <b>9-06-07</b> Daytime Phone #	