

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000093457

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Entity Name:** PANAMA CITY PEDIATRICS, P.A.

**Current Principal Place of Business:**

621 W. BALDWIN RD  
SUITE A  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 15697  
PANAMA CITY, FL 32406

**New Mailing Address:**

**FEI Number:** 20-3091947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, ROBERT C  
304 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

KENAWY, EEHAB A  
621 BALDWIN ROAD SUITE A  
PANAMA CITY, FL 32405 US

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.

SIGNATURE: DR. EEHAB KENAWY

01/24/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: EEHAB, KENAWY A  
Address: 621 BALWDWIN RD SUITE A  
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. EEHAB KENAWY

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01/24/2010

Electronic Signature of Signing Officer or Director

Date