2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000106014

1. Entity Name

MOHAMMED H. BAWANY, MD, P.A.



FILED Jan 20, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Principal Place of Business

Mailing Address

716 S GOLDENROD RD ORLANDO, FL 32822

PO BOX 4614

WINTER PARK, FL 32793



DO	NOT	WRITE	IN	THIS	SPA	CE

_	,	
4. FEI Number	Applied For	
59-3543941	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

BAWANY, MOHAMMED H 6529 LAKE PEMBROKE PLACE ORLANDO, FL 32829

DO NOT WRITE IN THIS SPACE

No Chg-P

01172006

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.							
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE. Registered	Agent signature	required when roinstating)	DATE		
FILE NOWIII 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		\$5.00 May Be Added to Fees	•		
10.	OFFICERS AND DIREC	CTORS		3			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAWANY, MOHAMMED H 6529 LAKE PEMBROKE PLACE ORLANDO, FL 32829				000000393477 01/25/06-80022-024 158.75		
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NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 OFFICEN OR DIRECTOR WANTY M.D. PA