


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90014 014 \*\*\*163.75

<b>DOCUMENT # P98000106014</b>	
1. Entity Name MOHAMMED H. BAWANY, MD, P.A.	

Principal Place of Business 716 S GOLDENROD RD ORLANDO, FL 32822	Mailing Address PO BOX 4614 WINTER PARK, FL 32793
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40114287



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05072007 Chg:P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-3543941	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAWANY, MOHAMMED H 6529 LAKE PEMBROKE PLACE ORLANDO, FL 32829	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *MOHAMMED H BAWANY* *BAWANY MD* DATE: *05/12/07*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAWANY, MOHAMMED H 6529 LAKE PEMBROKE PLACE ORLANDO, FL 32829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Mohammed H Bawany MD* *BAWANY MD* DATE: *05/12/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)3805353