


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90124 043 \*\*\*150.00

**DOCUMENT # P02000037763**


1. Entity Name  
**KENADAY MEDICAL CLINIC, INC.**



Principal Place of Business      Mailing Address  
 1612 W. WATERS AVE.      1612 W. WATERS AVE.  
 TAMPA, FL 33604      TAMPA, FL 33604

2. Principal Place of Business      3. Mailing Address  
**4730 N. HABANA AVE**      **4730 N. HABANA AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**101**      **101**

City & State      City & State  
**TAMPA FL**      **TAMPA FL**  
 Zip      Country      Zip      Country  
**33614**           **33614**           **33614**           **33614**           **33614**           **33614**           **33614**           **33614**           **33614**



07072005      Chg-P      CR2E034 (10/03)

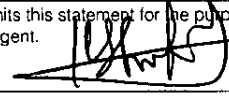
4. FEI Number      Applied For  
**03-0428846**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SHOBOLA, KENNETH O**  
**10004 N DALE MABRY STE 112**  
**TAMPA, FL 33618**

7. Name and Address of New Registered Agent  
 Name  
**SHOBOLA, KENNETH O.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4730 N. HABANA AVE STE 101**  
 City      State      Zip Code  
**TAMPA FL 33614**

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:  **KENNETH O. SHOBOLA**      DATE: **7/7/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

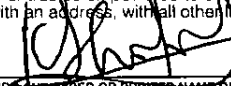
**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOBOLA, KENNETH	NAME	
STREET ADDRESS	16008 MUIRFIELD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **KENNETH O. SHOBOLA, PRES**      Date: **7/7/05**      Daytime Phone #: **(813)4265419**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR