


4/18/

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90044 008 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |
|---|---|
| DOCUMENT # P02000037763<br>Entity Name<br>ENADAY MEDICAL CLINIC, INC. |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br>001 N DALE MABRY HWY<br>SUITE 701<br>TAMPA, FL 33614 US | Mailing Address<br>P.O. BOX 15779<br>TAMPA, FL 33614 US |
|--|---|

**66010788**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>03-0428846 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

**6. Name and Address of Current Registered Agent**

SHOBOLA, KENNETH O  
3001 N DALE MABRY HWY  
SUITE 701  
TAMPA, FL 33614

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consenting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SHOBOLA, KENNETH<br>3704 BERGER ROAD<br>LUTZ, FL 33548 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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 the address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/08

(813)426 5419