


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90010 035 \*\*\*150.00

DOCUMENT # P02000109904			
1. Entity Name TERRACE MEDICAL ASSOCIATES, INC.			
Principal Place of Business 5208 EAST FOWLER AVENUE SUITE E TAMPA, FL 33617		Mailing Address 5208 EAST FOWLER AVENUE SUITE E TAMPA, FL 33617	
2. Principal Place of Business		3. Mailing Address <i>5208 East Fowler Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 3</i>	
City & State		City & State <i>TAMPA, FL</i>	
Zip	Country	Zip <i>33617</i>	Country
6. Name and Address of Current Registered Agent  ODUKOMAIYA, HENRY A 5208 EAST FOWLER AVENUE SUITE E TAMPA, FL FL		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ODUKOMAIYA, HENRY A 5208 EAST FOWLER AVE, STE E TAMPA, FL 33617 <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	V MOMPI, EMMANUEL 5208 EAST FOWLER AVE, STE E TAMPA, FL 33617 <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	T BARBOUR, RONALD L 5208 EAST FOWLER AVE, STE E TAMPA, FL 33617 <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
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
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
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 trustee 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 to an address with all other like empowered.			
SIGNATURE: <i>Henry A. Odukamaiya</i>		HENRY A. ODUKOMAIYA, M.D. <i>02/07/06</i> <i>813-983-0700</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Date Daytime Phone #	

400027



01262006 Chg-P CR2E034 (11/05)

4. FEI Number 01-0766966 Applied For Not Applicable

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