

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90748 028 ***150.00

UNIFORM BUSINESS REPORT (UBR)

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0766966** Applied For
Not Applicable

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

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 FL 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE **04/03/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
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	V MOMPI, EMMANUEL 5208 EAST FOWLER AVE, STE E TAMPA FL 33617 <input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *[Signature]* **04/03/03 813-988-0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)