


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000049993**  
 1. Entity Name  
 HENRY A. ODUKOMAIYA, M.D., P.A.



Principal Place of Business      Mailing Address  
 5208 E FOWLER STE 3      5208 E FOWLER STE 3  
 TAMPA, FL 33617      TAMPA, FL 33617

**DO NOT WRITE IN THIS SPACE**



01112007      No Chg-P      CR2E034 (11/05)

4. FEI Number  
 59-3509249      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ODUKOMAIYA, HENRY MD PA  
 5208 E FOWLER STE 3  
 TAMPA, FL 33617

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	D ODUKOMAIYA, HENRY A 5208 E FOWLER, STE 3 TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000636680  
 02/26/07-80030-014 150.00

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: *[Signature]*      Date: 02/12/07      Daytime Phone #: 813-983-0700

cell # 813-453-1703