


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000131910 1. Entity Name 17TH STREET ALLIANCE MANAGEMENT CORPORATION	
-------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1800 SE 17TH ST STE 800 OCALA, FL 3371	Mailing Address 1800 SE 17TH ST STE 800 OCALA, FL 3371
-----------------------------------------------------------------------------	-----------------------------------------------------------------



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1035633	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

KHAN, ANWAR A
1800 SE 17TH ST
SUITE 800
OCALA, FL 34471

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000233544
02/17/05-80048-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHAN, ANWAR A 1800 SE 17TH ST STE 800 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TE, JESSIE D 1800 SE 17TH ST STE 800 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KANG, MYEONG W 1800 SE 17TH ST STE 800 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anwar A. Khan, M.D.

Date

352-622-7268

Daytime Phone #