

FILED
Mar 17, 2008 08:00 A
Secretary of State

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|--|--|---|--|---|--|
| DOCUMENT # G08232 1. Entity Name MAHMOOD AKEL M.D., P.A. | |  | | Mar 17, 2008 08:00 Secretary of State | |
| Principal Place of Business 5433 COMMERCIAL WAY SPRING HILL, FL 34606 US | | Mailing Address 5433 COMMERCIAL WAY SPRING HILL, FL 34606 US | | | |
| DO NOT WRITE IN THIS SPACE | |  | | | |
| | | 03122008 No Chg-P CR2E034 (11/05) | | | |
| DO NOT WRITE IN THIS SPACE | | 4. FEI Number 59-2233780 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AKEL, MAHMOOD MD 5433 COMMERCIAL WAY SPRING HILL, FL 34606 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | UN00000369445 04/03/08-80003-014 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | DO NOT WRITE IN THIS SPACE | | | |
| DPST AKEL, MAHMOOD MD 5433 COMMERCIAL WAY SPRING HILL, FL | | | | | |
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| 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:  | | MAHMOOD AKEL | |  | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |