


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90034 021 \*\*\*163.75

<b>DOCUMENT # J29637</b>	
1. Entity Name <b>R.A. NYAKO, M.D., P.A.</b>	

Principal Place of Business <b>3707 W. HAMILTON AVE #102 TAMPA, FL 33614-9877 US</b>	Mailing Address <b>1909 E. BROAD ST. TAMPA, FL 33610 US</b>
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2. Principal Place of Business <b>1909 E. BROAD ST</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA, FL</b>	City & State
Zip <b>33610</b>	Country

8. Name and Address of Current Registered Agent <b>NYAKO, R A MD 3707 W. HAMILTON AVE, #102 SUITE A2 TAMPA, FL 33614</b>	
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01102005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2704218</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>NYAKO, R. A., MD</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1909 E. BROAD ST</b>	
City <b>TAMPA</b>	Zip Code <b>FL 33610</b>

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 *R. A. Nyako MD* DATE **01-10-05**  
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 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD NYAKO, R A MD 3707 N. HAMILTON AVE. #102 TAMPA, FL 336149877</b> <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
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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 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: *R. A. Nyako MD* **01-10-05** **P13-238-3991**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #