

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90194 035 \*\*\*150.00

**DOCUMENT # P02000011415**

1. Entity Name  
**DR. EBENEZER A. KUMA, M.D., P.A.**



Principal Place of Business  
**3089-B TAMiami TRAIL  
PORT CHARLOTTE, FL 33952**

Mailing Address  
**3089-B TAMiami TRAIL  
PORT CHARLOTTE, FL 33952**

**14004767**

2. Principal Place of Business **2375 Harbor Blvd** 3. Mailing Address **2375 Harbor Blvd**

Suite, Apt. #, etc. **PORT CHARLOTTE, FL** Suite, Apt. #, etc. **PORT CHARLOTTE, FL**

City & State **33952** City & State **33952**

Zip Country **CHARLOTTE** Zip Country **CHARLOTTE**

04262005 Chg-P CR2E034 (10/03)

4. FEI Number **80-0028861** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KUMA, EBENEZER A  
3089-B TAMiami TRAIL  
PORT CHARLOTTE, FL 33952**

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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	KUMA, EBENEZER A	
STREET ADDRESS	3089-B TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2375 Harbor Blvd.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ebenezer A. Kuma M.D. PA 4/25/05 941-625-4916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #