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Apr 28, 2006 8:00 am
Secretary of State

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000011415

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

Principal Place of Business	Mailing Address
2375 HARBOR BLVD.. PORT CHARLOTTE, FL 33952	2375 HARBOR BLVD.. PORT CHARLOTTE, FL 33952

2. Principal Place of Business	3. Mailing Address
3406 Tamiami Trail	3406 Tamiami Trail
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.: Suite 2
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33952 Country	Zip: 33952 Country

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	7. Name and Address of New Registered Agent
KUMA, EBENEZER A 3089-B TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	Name: Ebenezer A. Kuma MD PA Street Address (P.O. Box Number is Not Acceptable): 3406 Tamiami Trail Suite 2 City: Port Charlotte FL Zip Code: 33952

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]

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST KUMA, EBENEZER A 2375 HARVOR BLVD PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Ebenezer A. Kuma MD PA 3406 Tamiami Trail, Ste. 2 Port Charlotte, FL 33952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #