

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90124 043 \*\*\*150.00

DOCUMENT # P02000037763

1. Entity Name

KENADAY MEDICAL CLINIC, INC.



Principal Place of Business

1612 W. WATERS AVE.  
TAMPA, FL 33604

Mailing Address

1612 W. WATERS AVE.  
TAMPA, FL 33604

2. Principal Place of Business

4730 N. HABANA AVE

Suite, Apt. #, etc.

101

City & State

TAMPA FL

Zip  
33614

Country

3. Mailing Address

4730 N. HABANA AVE

Suite, Apt. #, etc.

101

City & State

TAMPA FL

Zip  
33614

Country



07072005

Chg-P

CR2E034 (10/03)

4. FEI Number

03-0428846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHOBOLA, KENNETH O  
10004 N DALE MABRY STE 112  
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name

SHOBOLA, KENNETH O.

Street Address (P.O. Box Number is Not Acceptable)

4730 N. HABANA AVE STE 101

City

TAMPA

FL

Zip Code

33614

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SHOBOLA, KENNETH  
STREET ADDRESS 16008 MUIRFIELD DRIVE  
CITY-ST-ZIP ODESSA, FL 33556

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH O. SHOBOLA, PRES

7/7/05 (813) 426 5419

Date

Daytime Phone #