

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

06-15-2006 90001 002 \*\*\*150.00

**DOCUMENT # P02000037763**

1. Entity Name  
**KENADAY MEDICAL CLINIC, INC.**



Principal Place of Business  
**4730 NORTH HABANA AVENUE  
SUITE 101  
TAMPA, FL 33614 US**

Mailing Address  
**4730 NORTH HABANA AVENUE  
SUITE 101  
TAMPA, FL 33614 US**  
*P.O. Box 15779  
Tampa, FL 33614*



06052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
4730 NORTH HABANA AVENUE  
SUITE 101  
TAMPA, FL 33614**

**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 *[Signature]*, **KENNETH SHOBOLA, PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**6/6/06.**  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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 **16800 MUIRFIELD DRIVE**  
CITY-ST-ZIP **BOSSA, FL 33506**  
*3704 Berger Road  
Lutz, FL 33548*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]*, **KENNETH SHOBOLA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/6/06** **(813) 426-5419**  
Date Daytime Phone #

# ATTACHMENT

40095634

June 6, 2006

To: FLORIDA DEPARTMENT OF STATE

From: KENADAY MEDICAL CLINIC  
4730 N HABANA AVE  
SUITE # 101, TAMPA, FL 33614  
Document # P 02000037763

Ref: CHANGES ON ARTICLES OF INCORPORATION

Dear Sr./Madam:

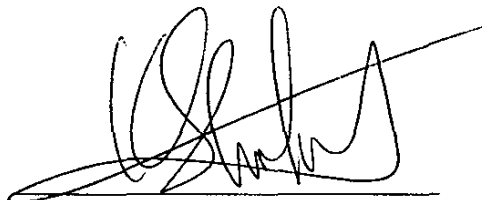
We are writing this letter to inform you that our location address of corporation and register office has changed to:

4730 N Habana Ave.  
Suite # 101, Tampa, Fl. 33614

Please make the changes so that we can receive our correspondence timely.

Thank You

Sincerely

A handwritten signature in black ink, appearing to read 'Kenneth Shobola', written over a horizontal line.

Kenneth Shobola ( President)

ATTACHMENT 40095634

H02-74935

Articles of Incorporation

#P02000037763

4730 N. HABANA AVENUE  
STE 101, TAMPA, FL 33614

Article 1: Name of Corporation: KENADAY MEDICAL CLINIC, INC.

Address of Corporation: ~~1612 W. WATERS AVE.~~  
~~TAMPA, FLORIDA 33604~~

~~3704 BERGER ROAD,~~  
~~TAMPA, FLORIDA 33604~~

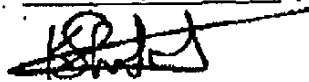
Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is 1,000, with a par value of \$1.00.

Article 3: REGISTERED AGENT: KENNETH O. SHOBOLA

REGISTERED OFFICE: ~~1612 W. WATERS AVE.~~  
~~TAMPA, FLORIDA 33604~~

4730 N. HABANA AVENUE,  
STE 101, TAMPA, FL 33614

\*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

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APR - 8 AM 10:24  
DIVISION OF CORPORATIONS

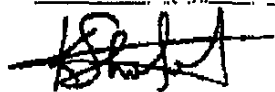
Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer.

1. KENNETH SHOBOLA, 16008 MUIRFIELD DR., ODESSA, FLORIDA 33556
2. ABIDEMI ADETUTU, 1612 W. WATERS AVE., TAMPA, FLORIDA 33604
3. OMAEMO SHOBOLA, 16008 MUIRFIELD DR., ODESSA, FLORIDA 33556

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

KENNETH O. SHOBOLA  
16008 MUIRFIELD DR.  
ODESSA, FLORIDA 33556

In witness whereof, I have subscribed my name:



Signature of Incorporator

H02-74935