

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042675

FILED  
Apr 22, 2011  
Secretary of State

Entity Name: MEDICAL BUSINESS ASSOCIATES, P.A.

## Current Principal Place of Business:

2426 BEE RIDGE RD.  
SUITE D  
SARASOTA, FL 34239

## New Principal Place of Business:

2426 BEE RIDGE RD.  
SUITE D  
SARASOTA, FL 34239 US

## Current Mailing Address:

PO BOX 25874  
SARASOTA, FL 34277

## New Mailing Address:

PO BOX 25874  
SARASOTA, FL 34277 US

FEI Number: 01-0625325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REHMANI, SUSAN J  
2426 BEE RIDGE RD.  
SUITE D  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: REHMANI, SUSAN J  
Address: PO BOX 25874  
City-St-Zip: SARASOTA, FL 34277

Title: VP  
Name: REHMANI, SUSAN J  
Address: PO BOX 25874  
City-St-Zip: SARASOTA, FL 34277

Title: T  
Name: REHMANI, SUSAN J  
Address: PO BOX 25874  
City-St-Zip: SARASOTA, FL 34277

Title: S  
Name: REHMANI, SUSAN J  
Address: PO BOX 25874  
City-St-Zip: SARASOTA, FL 34277

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN REHMANI

PRES

04/22/2011

Electronic Signature of Signing Officer or Director

Date