

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90415 037 \*\*\*150.00

**DOCUMENT # P02000109904**

1. Entity Name

TERRACE MEDICAL ASSOCIATES, INC.



Principal Place of Business

5208 EAST FOWLER AVENUE  
SUITE E  
TAMPA FL 33617

Mailing Address

5208 EAST FOWLER AVENUE  
SUITE E  
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

01-0766966

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

ODUKOMAIYA, HENRY A  
5208 EAST FOWLER AVENUE  
SUITE E  
TAMPA FL FL

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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  
P  
ODUKOMAIYA, HENRY A  
5208 EAST FOWLER AVE, STE E  
TAMPA FL 33617 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MOMPI, EMMANUEL  
5208 EAST FOWLER AVE, STE E  
TAMPA FL 33617 ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
T  
BARBOUR, RONALD L  
5208 EAST FOWLER AVE, STE E  
TAMPA FL 33617 ☐ Delete

TITLE  
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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:

*Henry A. Odukamaiya, M.D.*

HENRY A. ODUKOMAIYA, M.D.

04/23/04

813-983-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #