


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90104 023 ***150.00

DOCUMENT # P02000109904 1. Entity Name TERRACE MEDICAL ASSOCIATES, INC.					
Principal Place of Business 5208 EAST FOWLER AVENUE SUITE #03 TAMPA FL 33617			Mailing Address 5208 EAST FOWLER AVENUE SUITE #03 TAMPA FL 33617		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01-0766966 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ODUKOMAIYA, HENRY A 5208 EAST FOWLER AVENUE SUITE #03 TAMPA FL FL	
7. Name and Address of New Registered Agent Name Henry Odukomaia MD PA Street Address (P.O. Box Number is Not Acceptable) 5208 E. Fowler Suite 3 Tampa, FL 33617 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing <input type="checkbox"/> \$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 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOMPI, EMMANUEL 5208 EAST FOWLER AVE, STE E TAMPA FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBOUR, RONALD L 5208 EAST FOWLER AVE, STE E TAMPA FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/04)

HENRY A. ODUKOMAIYA, M.D.

03/14/05

813-988-0700

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #