2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the rec

SIGNATURE

Mar 21, 2005 8:00 am DOCUMENT # P02000109904 **Secretary of State** 1. Entity Name 03-21-2005 90104 023 ***150.00 TERRACE MEDICAL ASSOCIATES, INC. Principal Place of Business Mailing Address 5208 EAST FOWLER AVENUE SUITE 7 3 TAMPA FL 33617 5208 EAST FOWLER AVENUE SUITE # 03 TAMPA FL 33617 JUU28678 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEi Number 01-0766966 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Henry Odukomaiya MD PA ODUKOMAIYA, HENRY A Street Address (P 5208 EAST FOWLER AVENHEnry Odukomaiya MD PA 5208 E. Fowler Suite 3 5208 E. Fowler Suite 3 Tampa, FL 33617 TAMPA FL FÜ Tampa, FL 33617 City Zip Code FL 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITEF ☐ Change ☐ Addition TITLE ☐ Delete NAME ODUKOMAIYA, HENRY A 5208 EAST FOWLER AVE, STE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP ☐ Detete TITLE Change Addition HILE MOMPI, EMMANUEL NAME NAME STREET ADDRESS STREET ADDRESS 5208 EAST FOWLER AVE, STE E **TAMPA FL 33617** CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BARBOUR, RONALD L NAME 5208 EAST FOWLER AVE, STE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33617** TITLE ☐ Addition ☐ Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition INTLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

HENRY A. ODUKOMAIYA, M.D.

FILED