


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90022 032 ***150.00

DOCUMENT # P02000119799 1. Entity Name ALLIANCE MEDICAL ASSOCIATES, INC.	
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Principal Place of Business 1800 SE 17TH STREET BUILDING 800 OCALA, FL 34471	Mailing Address 1800 SE 17TH STREET BUILDING 800 OCALA, FL 34471
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50016919



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0752705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHAN, ANWAR A M.D.
1800 SE 17TH STREET
BUILDING 800
OCALA, FL 34471

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, ANWAR A M.D. 2805 SE 22ND AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANG, MYEONG W M.D. 731 SE 46TH COURT OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TE, JESSIE D M.D. 2901 SW 41ST STREET #2410 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **Anwar A. Khan, M.D.** **2/10/05** **382-622-7268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #