2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000119799

1. Entity Name
ALLIANCE MEDICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1800 SE 17TH STREET BUILDING 800 OCALA, FL 34471	1800 SE 17TH STREET BUILDING 800 OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0752705
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000429656
02/22/06-80015-016 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/1/06 352-622-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #