

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119799

FILED
Apr 01, 2009
Secretary of State

Entity Name: ALLIANCE MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

1800 SE 17TH STREET
BUILDING 800
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1800 SE 17TH STREET
BUILDING 800
OCALA, FL 34471

New Mailing Address:

FEI Number: 01-0752705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KHAN, ANWAR A M.D.
Address: 2805 SE 22ND AVENUE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: KANG, MYEONG W M.D.
Address: 731 SE 46TH COURT
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: TE, JESSIE D M.D.
Address: 2901 SW 41ST STREET #2410
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KANG, MYEONG W M.D.
Address: 7254 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: D (X) Change () Addition
Name: TE, JESSIE D M.D.
Address: 684 SE 47TH LOOP
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANWAR A. KHAN, MD

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date