


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000131910

1. Entity Name
17TH STREET ALLIANCE MANAGEMENT CORPORATION



Principal Place of Business Mailing Address

1800 SE 17TH ST 1800 SE 17TH ST
STE 800 STE 800
OCALA, FL 3371 Ocala, FL 3371

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
33-1035633 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHAN, ANWAR A
1800 SE 17TH ST
SUITE 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. \$5.00 May Be Added to Fees

1100000233544
02/17/05-80048-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KHAN, ANWAR A
STREET ADDRESS	1800 SE 17TH ST STE 800
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VP
NAME	TE, JESSIE D
STREET ADDRESS	1800 SE 17TH ST STE 800
CITY-ST-ZIP	OCALA, FL 34471
TITLE	S
NAME	KANG, MYEONG W
STREET ADDRESS	1800 SE 17TH ST STE 800
CITY-ST-ZIP	OCALA, FL 34471
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)(1), 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.** 352-622-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #