

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131910

FILED
Apr 01, 2009
Secretary of State

Entity Name: 17TH STREET ALLIANCE MANAGEMENT CORPORATION

Current Principal Place of Business:

1800 SE 17TH ST
STE 800
OCALA, FL 3371

New Principal Place of Business:

1800 SE 17TH ST
STE 800
OCALA, FL 34471 US

Current Mailing Address:

1800 SE 17TH ST
STE 800
OCALA, FL 3371

New Mailing Address:

1800 SE 17TH ST
STE 800
OCALA, FL 34471 US

FEI Number: 33-1035633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, ANWAR A
1800 SE 17TH ST
SUITE 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: P () Delete
Name: KHAN, ANWAR A
Address: 1800 SE 17TH ST STE 800
City-St-Zip: OCALA, FL 34471

Title: VP () Delete
Name: TE, JESSIE D
Address: 1800 SE 17TH ST STE 800
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: KANG, MYEONG W
Address: 1800 SE 17TH ST STE 800
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: TE, JESSIE D
Address: 1800 SE 17TH ST STE 800
City-St-Zip: OCALA, FL 34471 US

Title: S (X) Change () Addition
Name: KANG, MYEONG W
Address: 1800 SE 17TH ST STE 800
City-St-Zip: OCALA, FL 34471 US

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

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date