
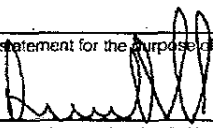
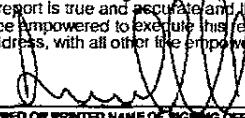


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000076088 1. Entity Name INNOCENT ODOCHA, M.D., P.A.		
Principal Place of Business 1026 SW 2ND AVENUE SUITE E GAINESVILLE, FL 32601	Mailing Address 7804 SW 52 PL GAINESVILLE, FL 32608	
6. Name and Address of Current Registered Agent NWOKEDI ODOCHA, INNOCENT M.D. 7804 SW 52 PL GAINESVILLE, FL 32608		
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 4-12-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NWOKEDI ODOCHA, INNOCENT M.D. 7804 SW 52 PL GAINESVILLE, FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000510491~M 04/29/06-80010-005 150.00~M	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4/12/06 352-371-3212 <small>Daytime Phone #</small>