

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076088

Entity Name: INNOCENT ODOCHA, M.D., P.A.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

1026 SW 2ND AVENUE
SUITE E
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

7804 SW 52 PL
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 05-0577711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NWOKEDI ODOCHA, INNOCENT M.D.
7804 SW 52 PL
GAINESVILLE, FL 32608 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: NWOKEDI ODOCHA, INNOCENT M.D.
Address: 7804 SW 52 PL
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: NWOKEDI ODOCHA, INNOCENT M.D.
Address: 7804 SW 52 PL
City-St-Zip: GAINESVILLE, FL 32608

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: INNOCENT ODOCHA

DR.

04/28/2007

Electronic Signature of Signing Officer or Director

Date