


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90451 020 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000114486</b> 1. Entity Name EDWARD AMOAH, MD., P.A.			
Principal Place of Business 5208 EAST FOWLER AVENUE SUITE E TAMPA, FL 33617		Mailing Address 5208 EAST FOWLER AVENUE SUITE E TAMPA, FL 33617	
2. Principal Place of Business <i>5208 East Fowler Avenue</i>		3. Mailing Address <i>5208 East Fowler Avenue</i>	
Suite, Apt. #, etc. <i>#3</i>		Suite, Apt. #, etc. <i>#3</i>	
City & State <i>Tampa, Florida</i>		City & State <i>Tampa, Florida</i>	
Zip <i>33617</i>		Zip <i>33617</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 20-0313224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  AMOAH, EDWARD 5208 E FOWLER AVE SUITE E TAMPA, FL 33617		7. Name and Address of New Registered Agent  Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code.	
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: <i>Amoah</i> <small>Signature, typed or printed name of registered agent and state if applicable</small>		DATE: <i>4/28/05</i> <small>(NOTE: Registered Agent signature required when returning)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P AMOAH, EDWARD 5208 E FOWLER AVE, SUITE E TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>8/3-983-0700</i> <small>Daytime Phone #</small>	