

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-03-2008 90020 005 ***150.00

DOCUMENT # P03000114486
 1. Entity Name
 EDWARD AMOAH, MD., P.A.



Principal Place of Business Mailing Address
 5208 EAST FOWLER AVENUE SUITE 3 TAMPA, FL 33617
 5208 EAST FOWLER AVENUE SUITE 3 TAMPA, FL 33617

66012722



2. Principal Place of Business - No P.O. Box #
 27455 CASHFORD CR
 Suite, Apt. #, etc.
 City & State
 WESLEY CHAPEL
 Zip
 33544

3. Mailing Address
 Suite, Apt. #, etc.
 SAME AS
 City & State
 Zip
 Country

03172008 Chg-P CR2E034 (12/06)

4. FEI Number
 20-0313224
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 AMOAH, EDWARD
 5208 E FOWLER AVE
 SUITE 3
 TAMPA, FL 33617

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 27455 CASHFORD CR
 City
 WESLEY CHAPEL, FL Zip Code
 33544

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME AMOAH, EDWARD	
STREET ADDRESS 5208 E. FOWLER AVE SUITE 3	
CITY - ST - ZIP TAMPA, FL 33617	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 27455 CASHFORD CR	
CITY - ST - ZIP WESLEY CHAPEL, FL 33544	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Amoah 5/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #