

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024717

FILED  
Feb 18, 2006  
Secretary of State

Entity Name: DAVID IKUDAYISI M.D., P.A.

**Current Principal Place of Business:**

3651B WEST WATERS AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 272450  
TAMPA, FL 33688

**New Mailing Address:**

FEI Number: 56-2428555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IKUDAYISI, DAVID OMOTAYO  
8649 N HIMES AVENUE  
APT #407  
TAMPA, FL 33614 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: PRES ( ) Delete  
Name: IKUDAYISI, DAVID O  
Address: 8649 N HIMES AVENUE, #407  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID OMOTAYO IKUDAYISI

PRES

02/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date