## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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Principal Place of Business Mailing Address							BEURLT) I ALLAHA	MKT UT	21815 FLABID#	
10359 CROSS CREEK BLVD. Suite CD			10359 CROSS CREEK BLVD. Suite CD				TALLAMA	יייסבבי	LEOMDA	
TAMPA, FL 33647			TAMPA, FL 33647							
			<b>,</b>							
,		ness - No P.O. Box #	3. Mailing Address Po Box 49155			1   1   1   1   1   1   1   1   1   1	<b>                                    </b>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02252008	Chg-P	CR2E0	34 (12/06)	<del></del>
City & State			City & State Tampa FL			4. FEI Number	PLICABLE		No	plied For t Applicable
Zip	Country		33646 Country		itry	5. Certificate of	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
DOUIDAR	. SAMIR	M.D.	rvanie							
10359 CROSS CREEK BLVD. SUITE CD					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, F	L 33647			O.h.					7in Code	
					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  Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								DATE		
usynotiate, typed or printed name or registered again, and nine in applicable. (INOTE, registered wgent signature required when remainship) UNIE										
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	•	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11
TITLE	DP		☐ Delete	TITLE	E				☐ Change	Addition
NAME	DOUIDAR, SAMIR 5 10359 CROSS CREEK BLVD SUITE CD				E	86	ini ene	2117	172	]
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NAME STREET ADDRESS				NAM STRE	eet address					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITU	E				☐ Change	☐ Addition
NAMÉ				NAM						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- ST-ZIP					
12. Thereby	certify that th	ne information supplied with	this filing does not quality fo	r the ex	emptions contained	d in Chapter 119,	Florida Statutes. I	further cer	tify that the in	nformation
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: Samui Davidar, Director 03/03/2008										
	· • · · • -	CICHATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	AR NIDEC	TOP		Date	····	Daytime Phone #	