
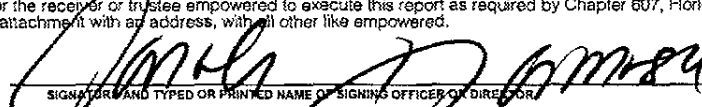


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000062447																																		
1. Entity Name JACOB K. AGAMASU, M.D., P.A.																																		
Principal Place of Business 1355 S INTERNATIONAL PKWY LAKE MARY, FL 32746	Mailing Address 1355 S INTERNATIONAL PKWY LAKE MARY, FL 32746																																	
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent SWANN & HADLEY PA 1031 W MORSE BLVD SUITE 350 WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>AGAMASU, JACOB K MD</td></tr><tr><td>STREET ADDRESS</td><td>1355 S INTERNATIONAL PKWY</td></tr><tr><td>CITY - ST - ZIP</td><td>LAKE MARY, FL 32746</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	D	NAME	AGAMASU, JACOB K MD	STREET ADDRESS	1355 S INTERNATIONAL PKWY	CITY - ST - ZIP	LAKE MARY, FL 32746	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		U000000768141 07/11/07-80002-019 150.00 DO NOT WRITE IN THIS SPACE
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7/9/07 407804966 <small>Date Daytime Phone #</small>																																