2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022859

Entity Name: SANGOSANYA MEDICAL ASSOCIATES, P.A.

FILED Jan 09, 2011 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|---------------------------------|------------------------------------|--------------------------------------|
| | RLEW DR. OLA, FL 32514 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | RLEW DR. OLA, FL 32514 | | | |
| FEI Numbe | r: 20-4572027 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| 4089 CUF | ANYA, AFOLABI RLEW DR. OLA, FL 32514 | O US | | |
| | e named entity su te of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATU | IRE: | | | |
| | Electronic | c Signature of Registered Age | ent | Date |
| OFFICER | S AND DIRECT | ORS: | | |
| Title: Name: | D SANGOSANYA, A 4089 CURLEW I | | | |

Name: SANGOSANYA, AFOLABI (
Address: 4089 CURLEW DR.
City-St-Zip: PENSACOLA, FL 32514

Title: C

Name: SANGOSANYA, TATIANA O Address: 4089 CURLEW DR. City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: AFOLABI SANGOSANYA D 01/09/2011