

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000018617

FILED
Jul 13, 2008
Secretary of State

Entity Name: ASHRAF EL-SHALAKANY, M.D., P.A.

Current Principal Place of Business:

912 DRUID ROAD
MAITLAND, FL 32751 US

New Principal Place of Business:

2855 NORTH UNIVERSTY DRIVE
SUITE # 420
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

912 DRUID ROAD
MAITLAND, FL 32751 US

New Mailing Address:

2855 NORTH UNIVERSTY DRIVE
SUITE # 420
CORAL SPRINGS, FL 33065 US

FEI Number: 20-8411663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EL-SHALAKANY, ASHRAF
912 DRUID ROAD
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

EL-SHALAKANY, ASHRAF
2855 NORTH UNIVERSITY DRIVE
SUITE # 420
CORAL SPRINGS, FL 33065 US

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: _____

07/13/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EL-SHALAKANY, ASHRAF
Address: 912 DRUID ROAD
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EL-SHALAKANY, ASHRAF
Address: 2855 NORTH UNIVERSITY DRIVE, SUITE #420
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify 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: ASHRAF EL-SHALAKANY, MD

P

07/13/2008

Electronic Signature of Signing Officer or Director

Date