2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P07000039627

Entity Name: BAHA ALAK, PH.D, PA

Current Principal Place of Business:

10401 RIVERBURN DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

10401 RIVERBURN DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-8743427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALAK, BAHA
10401 RIVERBURN DR
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

ALAK, BAHA DR
10401 RIVERBURN DR
TAMPA, FL 33647 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: BAHA ALAK 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: ALAK, BAHA
Address: 10401 RIVERBURN DR
City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: ALAK, BAHA
Address: 10401 RIVERBURN DR
City-St-Zip: TAMPA, FL 33647

Title: DR ( ) Change (X) Addition
Name: ALAK, BAHA
Address: 10401 RIVERBURN DR
City-St-Zip: TAMPA, FL 33647

Title: DR ( ) Change (X) Addition
Name: ALAK, BAHA
Address: 10401 RIVERBURN DR
City-St-Zip: TAMPA, FL 33647

Title: DR ( ) Change (X) Addition
Name: ALAK, BAHA
Address: 10401 RIVERBURN DR
City-St-Zip: TAMPA, FL 33647

Title: DR. ( ) Change (X) Addition
Name: ALAK, BAHA
Address: 10401 RIVERBURN DR
City-St-Zip: TAMPA, FL 33647

Title: DR ( ) Change (X) Addition
Name: ALAK, BAHA
Address: 10401 RIVERBURN DR
City-St-Zip: TAMPA, FL 33647

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: BAHA ALAK DR 04/15/2009
Electronic Signature of Signing Officer or Director Date