

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076634

FILED
Jan 13, 2004
Secretary of State

Entity Name: MEDICAL ASSOCIATES OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

31810 HWY. 27
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

31810 HWY. 27
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-3202432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLAM, MAHESH G M.D.
3100 US HWY 27-S
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

ALLAM, MAHESH G M.D.
31810 HWY 27
HAINES CITY, FL 33844 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: MAHESH G. ALLAM, MD

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLAM, MAHESH G
Address: 3100 US HWY 27 S
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: ALLAM, MAHESH G MD
Address: 31810 HWY 27
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAHESH G. ALLAM, MD

DR.

01/13/2004

Electronic Signature of Signing Officer or Director

Date