2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000076634

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

Principal Place of Business	Mailing Address
31810 HWY. 27 HAINES CITY, FL 33844 US	31810 HWY. 27 HAINES CITY, FL 33844 US

DO NOT WRITE IN THIS SPACE

05242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3202432	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	DR
NAME	ALLAM, MAHESH G MD
STREET ADDRESS	31810 HWY 27
CITY-ST-ZIP	HAINES CITY, FL 33844

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   5/24/05   863-679-9680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #