


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000076634 1. Entity Name MEDICAL ASSOCIATES OF CENTRAL FLORIDA, P.A.		
Principal Place of Business 31810 HWY. 27 HAINES CITY, FL 33844 US	Mailing Address 31810 HWY. 27 HAINES CITY, FL 33844 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALLAM, MAHESH G M.D. 31810 HWY 27 HAINES CITY, FL 33844		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR ALLAM, MAHESH G MD 31810 HWY 27 HAINES CITY, FL 33844	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>M. Allam</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/18/06 863-679-9600 Date Daytime Phone #



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3202432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/26/06-80051-005 150.00