

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 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



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3202432

Applied For
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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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 | |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/08 863-679-9680