2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# P94000001381

Entity Name: MINA OZA, M.D., P.A.

Current Principal Place of Business:

3104 W WATERS AVENUE
SUITE 102
TAMPA, FL 336142876

New Principal Place of Business:

3104 W WATERS AVENUE
SUITE 102
TAMPA, FL 33614

Current Mailing Address:

C/O MINA OZA, MD
3104 W WATERS AVE., SUITE 102
TAMPA, FL 33614

New Mailing Address:

C/O MINA OZA, MD
3104 W WATERS AVE., SUITE 102
TAMPA, FL 33614 US

FEI Number: 59-3221703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OZA, MINA
3104 W WATERS AVE
SUITE 102
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OZA, MINA
Address: 5411 WINDBRUSH DR
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: OZA, MINA
Address: 5411 WINDBRUSH DR
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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: MINA OZA, M.D. DR. 02/20/2006

Electronic Signature of Signing Officer or Director — Date