## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000083062

Entity Name: ISLAKA, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

715 OAK COMMONS BLVD 715 OAK COMMONS BLVD SUITE A KISSIMMEE, FL 34741 US

KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

715 OAK COMMONS BLVD 710 OAK COMMONS BLVD SUTIE A KISSIMMEE, FL 34741 US

KISSIMMEE, FL 34741 US

FEI Number: 59-3277072 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

S. CRAIG WAKEFIELD PROFESSIONAL ASSOCIATIO
1400 W OAK ST, STE A
KISSIMMEE, FL 34741 US
SYED K LATEEF, MD
710 OAK COMMONS BLVD
KISSIMMEE, FL 34741 U

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: SYED K LATEEF, MD 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name: LATEEF, SYED K Name: LATEEF, SYED K MD
Address: 715 OAK COMMONS SUITE A Address: 710 OAK COMMONS BLVD

City-St-Zip: KISSIMMEE, FL City-St-Zip: KISSIMMEE, FL 34741

DS Title: DS (X) Change ( ) Addition Title: () Delete Name: RIVERA, JAIME M Name: RIVERA, JAIME M MD 715 OAK COMMONS BLVD 710 OAK COMMONS BLVD Address: Address: KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 City-St-Zip: City-St-Zip:

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition

Name: ISLAM, M S Name: ISLAM, M S MD

 Address:
 715 OAK COMMONS SUITE A
 Address:
 715 OAK COMMONS BLVD

 City-St-Zip:
 KISSIMMEE, FL
 City-St-Zip:
 KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify 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: SYED K LATEEF, MD PRES 04/23/2009