

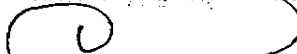


FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000054279 1. Entity Name MO-AN OF TAMPA, INC.				Apr 18, 2005 08:00 AM Secretary of State	
Principal Place of Business MEADOWBROOK MALL STE 27 CLEMMONS, NC 27012		Mailing Address PO BOX 1670 CLEMMONS, NC 27012			
DO NOT WRITE IN THIS SPACE					
				04132005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 56-1979792	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
ANDREW SERVICE CORPORATION OF FLORIDA 201 NORTH FRANKLIN ST., SUITE 2100 TAMPA, FL 33602			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</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		1000000312003 04/18/05-80064-022 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D ANGELL, DON G MEADOWBROOK MALL STE 27 CLEMMONS, NC 27012			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D MOSCA, DANIEL D 4221 HIGHWAY 150 E BROWNS SUMMIT, NC 27214			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: 		4-14-05 3367665666			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			