2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# P97000042452

Entity Name: ASHRAF ELSAKR, M.D., P.A.

Current Principal Place of Business:

840 DUNLAWTON AVENUE
SUITE A
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291210
SUITE A
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3449131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELSAKR, MONA M
840 DUNLAWTON AVE
SUITE A
PORT ORANGE, FL 32127 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: ELSAKR, ASHRAF
Address: P.O. BOX 291210
City-St-Zip: PORT ORANGE, FL 321291210

Title: T ( ) Delete
Name: ELSAKR, MONA
Address: P.O. BOX 291210
City-St-Zip: PORT ORANGE, FL 321291210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: ELSAKR, ASHRAF S MD
Address: P.O. BOX 291210
City-St-Zip: PORT ORANGE, FL 321291210

Title: T (X) Change ( ) Addition
Name: ELSAKR, MONA M TREASUR
Address: P.O. BOX 291210
City-St-Zip: PORT ORANGE, FL 321291210

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: ASHRAF ELSAKR MD 08/27/2008

Electronic Signature of Signing Officer or Director — Date