

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085184

**FILED**  
**Jun 30, 2005**  
**Secretary of State**

**Entity Name:** ANTENEH ADDISU, M.D., P.A.

**Current Principal Place of Business:**

3201 SW 34TH AVENUE, STE 103  
OCALA, FL 34474

**New Principal Place of Business:**

5425 SW 37TH ST  
OCALA, FL 34474

**Current Mailing Address:**

5425 SW 37TH ST  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 59-3534735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADDISU, ANTENEH MD  
3201 SW 34TH AVE. #103  
OCALA, FL 34474 US

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

ADDISU, ANTENEH MD  
5425 SW 37TH ST  
OCALA, FL 34474 US

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: ANTENEH ADDISU

06/30/2005

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: P ( ) Delete  
Name: ANTENEN, ADDISU M.D.  
Address: 3201 SW 34TH AVE #103  
City-St-Zip: Ocala, FL 34474

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

Title: P (X) Change ( ) Addition  
Name: ANTENEN, ADDISU M.D.  
Address: 5425 SW 37TH ST  
City-St-Zip: Ocala, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTENEH ADDISU

DR.

06/30/2005

Electronic Signature of Signing Officer or Director

Date