

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070978

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** MEDICAL ASSOCIATES OF LAKE MARY, P.A.

**Current Principal Place of Business:**

9240 SOUTHERN BREEZE DR  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

7557 W SAND LAKE RD  
PMB 123  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3596236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURNETT, JOHN  
MOHIP & BURNETT  
215 VERNE ST., STE. B  
TAMPA, FL 33606 US

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

AYADI, JAUVID  
9240 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836 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:** JAUVID AYADI

04/27/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** AYADI, JAUVID B M.D.  
**Address:** 7557 WEST SAND LAKE RD PMB 123  
**City-St-Zip:** ORLANDO, FL 32819

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

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** JAUVID B AYADI

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date