2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000070978

1. Entity Name
MEDICAL ASSOCIATES OF LAKE MARY, P.A.

Principal Place of Business	Mailing Address
9240 SOUTHERN BREEZE DR ORLANDO, FL 32836	7557 W SAND LAKE RD PMB 123 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

04212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3596236	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AYADI, JAUVID
9240 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	AYADI, JAUVID B M.D.	
STREET ADDRESS	7557 WEST SAND LAKE RD PMB 123	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		
NAME		
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04/27/05-80072-025 150.00

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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: _____ JAUVID B. AYADI, MD 4-25-05 407-383-9390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #