2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2005
Secretary of State

DOCUMENT# P99000073846

Entity Name: CENTRAL FLORIDA MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

36 SOUTH HIGHWAY 17-92
SUITE 100
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

235 CADDIE COURT
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-3590423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AHMED, SHAZIA
235 CADDIE COURT
DEBARY, FL 32713 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: AHMED, SHAZIA
Address: 235 CADDIE COURT
City-St-Zip: DEBARY, FL 32713

Title: MD/S ( ) Delete
Name: AHMED, SYED-BILAL MD
Address: 235 CADDIE COURT
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SYED-BILAL AHMED MD/S 08/27/2005
Electronic Signature of Signing Officer or Director Date