2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073846

Entity Name: CENTRAL FLORIDA MEDICAL ASSOCIATES, INC.

FILED May 01, 2009 Secretary of State

Current F					
Current Principal Place of Business:			New Principal Place of Business:		
2501 SOL SUITE 100	ITH VOLUSIA AVE	NUE			
	CITY, FL 32763				
Current Mailing Address:			New Mailing Address:		
	DIE COURT FL 32713				
FEI Number	: 59-3590423 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
235 CAĎE DEBARY,	SYED-BILAL DIE COURT FL 32713 US				
	e named entity subr e of Florida.	mits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
	e of Florida.	mits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
in the Stat	e of Florida. É RE:	mits this statement for the		d office or registered agent, or both, Date	
in the Stat SIGNATU In accordar	e of Florida. RE: Electronic Soce with s. 607.193(2)(ent		
in the Stat SIGNATU In accordar Election Ca	e of Florida. RE: Electronic Soce with s. 607.193(2)(Signature of Registered Ag b), F.S., the corporation did n ast Fund Contribution ().	ent ot receive the prior notice.		
in the Stat SIGNATU In accordar Election Ca	e of Florida. RE: Electronic S nce with s. 607.193(2)(mpaign Financing Tru	Signature of Registered Ag b), F.S., the corporation did n ast Fund Contribution (). RS: ete	ent ot receive the prior notice. ADDITIONS/CHANGE	Date	

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: SYED AHMED S 05/01/2009