

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11146

FILED  
Mar 10, 2005  
Secretary of State

**Entity Name:** GOWANI MEDICAL ASSOCIATES, M.D., P.A.

**Current Principal Place of Business:**

9430 TURKEY LAKE ROAD SUITE 208  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

9430 TURKEY LAKE ROAD SUITE 208  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3097291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOWANI, YASMEEN S.  
9430 TURKEY LAKE ROAD  
#208  
ORLANDO, FL 32819 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: P ( ) Delete  
Name: GOWANI, YASMEEN S.,  
Address: 9430 TURKEY LAKE ROAD #208  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: GOWANI, SHERALI  
Address: 9430 TURKEY LAKE RD. #208  
City-St-Zip: ORLANDO, FL 32819

**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:** SHERALI GOWANI

D

03/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date