2004 FOR PROFIT CORPORATION

FILED Apr 26, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # 601737** 1. Entity Name FLORIDA GYN GROUP, P.A. Principal Place of Business Mailing Address 2909 N. ORANGE AVE SUITE 108 2909 N. ORANGE AVE SUITE 108 ORLANDO, FL 32804 ORLANDO, FL 32804 03032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1281862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADLER, GEORGE T DO NOT WRITE 2905 MCRAE AVE. ORLANDO, FL 32803 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 000000130084 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/26/04-80104-020 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ADLER, GEORGE T STREET ADDRESS 1171 ROLLINGWOOD TRAIL CITY-ST-ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR