05/07/2008 11:52 FAX 407 804 9793 FRANK DURRANCE CPA

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90035 043 ***558.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 665257

1. Entity Name
EVANS & SCHROEDER, M.D., P.A.

4U101100

Principal Place of Business	Mailing Address
C/O RORY A. EVANS, M.D. 200 W. GORE STREET ORLANDO, FL 32806	C/O RORY A. EVANS, M.D. 200 W. GORE STREET ORLANDO, FL 32806

05072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-1979536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional — Fee Required

6. Name and Address of Current Registered Agent
EVANS, RORY A., M.D.
200 W. GORE STREET
ORLANDO, FL 32806

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, RORY A MD 200 W. GORE STREET ORLANDO, FL 0,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Evans, Rory A., M.D. 200 W. Gore St. Orlando, FL. 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHROEDER, FREDERICK J., 200 W. GORE STREET ORLANDO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Schroeder, Frederick J. M.D. 200 W. Gore St. Orlando, FL. 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 5/8/08 407-841-7723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #