2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # J80622 1. Entity Name LAWRENCE A. TEPPER AND ALLEN F. SCHULTZ. D.O..

FILED Feb 15, 2006 08:00 AM Secretary of State

Principal Place of Business

P.A.

% LAWRENCE A. TEPPER DO 2051 45TH ST #107 W PALM BEACH, FL 33407 Mailing Address

% LAWRENCE A. TEPPER DO 2051 45TH ST #107 W PALM BEACH, FL 33407



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTING SAME OF SIGNING OFFICER OR DI

| I. FEI Number | Applied For |
|---------------|----------------|
| 59-2820471 | Not Applicable |

Certificate of Status Desired
 Required
 Fee Required

6. Name and Address of Current Registered Agent

TEPPER, LAWRENCE A. DO 2051 45TH ST #107 W PALM BEACH, FL 33407

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

02052008

| the obligations of registered agent. | | | | | | |
|---|--|---|--------------|---------------------------------------|---------------------------|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and tide | if applicable. (INOTE: Registered Ag | eni signatur | e required when reinstaling) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financin Trust Fund Contribution. | a 🗆 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE NAME STITEET ADDRESS CITY-ST-ZIP | D TEPPER, LAWRENCE ANDREW 2051 45TH STREET, SUITE 107 W. PALM BEACH, FL | | | | U00000435040 | |
| TITLE MAME STITET ADDRESS CITY-ST-ZIP | D SCHULTZ, ALLEN F 2051-45TH STREET, SUITE 107 W. PALM BEACH, FL | | | | 02/25/06-80027-002 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | N THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 eath; 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 attackment with an address, with all other like empowered. | | | | | | |

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