2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# P02000043532

Entity Name: CHARLOTTE D. OWENS, M.D., P.A.

Current Principal Place of Business:

7 JOCKEY LANE
FLEMINGTON, NJ 08822

New Principal Place of Business:

13840 BELLETERRE DRIVE
ALPHARETTA,, GA 30004

Current Mailing Address:

7 JOCKEY LANE
FLEMINGTON, NJ 08822

New Mailing Address:

13840 BELLETERRE DRIVE
ALPHARETTA,, GA 30004

FEI Number: 01-0660503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAD MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 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: DPST ( ) Delete
Name: OWENS, CHARLOTTE D M.D.
Address: 7 JOCKEY LANE
City-St-Zip: FLEMINGTON, NJ 08822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: OWENS, CHARLOTTE D M.D.
Address: 13840 BELLETERRE DRIVE
City-St-Zip: ALPHARETTA, GA 30004

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLOTTE D. OWENS, M.D. P 02/01/2006

Electronic Signature of Signing Officer or Director — Date