2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 06, 2006 8:00 am DOCUMENT # P05000047368 **Secretary of State** 1. Entity Name R BUCKSPAN, MD, PA 02-06-2006 90063 019 ***150.00 Principal Place of Business Mailing Address 1607 N MARTIN LUTHER KING ST, SUITE B 1607 N MARTIN LUTHER KING ST, SUITE B ST PETERSBURG, FL 33704 ST PETERSBURG, FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For -2455156 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCKSPAN, RANDY J Street Address (P.O. Box Number is Not Acceptable) //o7 N. Martin Luther King St 2727 W MARTIN LUTHER KING BLVD STE 510 TAMPA, FL 33607 Zip Code 33704 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTRD TITLE ☐ Delete TITLE Change ☐ Addition Buckspan, Randy J 1607 N. Martin Luther King St, Suite B NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL 33704 CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAMF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of supplemental eport is the 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on a statute statute of the property with a diddless with all of the like empowered.

FILED

SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR