2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State
01-08-2007 90246 021 ***158.75

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1. Entity Name
M.D./D.O. ASSOCIATES, INC.

40000106

Principal Place of Business	Mailing Address
2510 18TH STREET NORTH ST. PETERSBURG, FL 33713	2510 18TH STREET NORTH ST. PETERSBURG, FL 33713

01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8250 BRYAN DAIRY ROAD	8250 BRYAN DAIRY ROAD
Suite, Apt. #, etc. SUITE 310	Suite, Apt. #, etc. SUITE 310
City & State LARGO FL	City & State LARGO FL
Zip / Country 33777 USA	Zip / Country 33777 USA

4. FEI Number
20-4521554
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN RD ORLANDO, FL 33713	Name: KUSH K. PATEL MD Street Address (P.O. Box Number is Not Acceptable): 8250 BRYAN DAIRY ROAD SUITE 310 City: LARGO FL Zip Code: 33777.

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: KUSH K. PATEL M.D. PRESIDENT 1/3/07.
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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	P PATEL, KUSH K 2510 18TH STREET NORTH ST. PETERSBURG, FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PATEL, KUSH K. 8250 BRYAN DAIRY ROAD SUITE 310 LARGO FL 33777	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AZNEER, IRA 2510 18TH STREET NORTH ST. PETERSBURG, FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AZNEER, IRA 8250 BRYAN DAIRY ROAD SUITE 310 LARGO FL 33777.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AZNEER, JAY B. 8250 BRYAN DAIRY ROAD SUITE 310 LARGO FL 33777.	☐ 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: KUSH K. PATEL M.D. PRESIDENT 1/3/07 (727) 541-4426.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #