2007 FOR PROFIT CORPORATION

ANNUAL REPORT

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SIGNATURE AND TYPED OR PRIN

SIGNATURE:



FILED

Jan 05, 2007 8:00 am Secretary of State

01-05-2007 90029 015 ***150.00 H. DREXEL DOBSON III, M.D., P.A. Principal Place of Business Mailing Address 40000012 6450 38TH AVE NORTH SUITE 320 6450 38TH AVE NORTH SUITE 320 ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 4649717 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOBSON, H. DREXEL III 6450 38TH AVE NORTH SUITE 320 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG, FL 33710 Zip Code FL 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, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition NAME DOBSON, H DREXEL III NAME STREET ADDRESS 6450 38TH AVE NORTH SUITE 320 STREET ADDRESS ST PETERSBURG, FL 33710 CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-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 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

OF SIGNING OFFICER OR DIRECTOR

1/3

727-343-9141