Apr 07, 2006 8:00 am Secretary of State 2006 FOR PROFIT CORPORATION ANNUAL REPORT 04-07-2006 90021 007 ***150.00 DOCUMENT # P00000086140 ARTHUR J. PEDREGAL, M.D., P.A. Principal Place of Business Mailing Address 4700 N. HABANA AVE. 4700 N. HABANA AVE. SUITE 502 SUITE 502 TAMPA, FL 33614 **TAMPA, FL 33614** 2. Principal Place of Business 3. Mailing Address 4710 N. HABANA AVE. 4710 N. HABANA AVE. Suite, Apt. #, etc Suite, Apt. #, etc. 02202006 CR2E034 (11/05) 303 SUITE SUITE 303 City & State City & State 4. FEI Number Applied For 59-3670555 Not Applicable Zip Country Zip 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 Name PEDREGAL, ARTHUR J Street Address (P.O. Box Number is Not Acceptable) 4710 N. HABANA AVENUE 4700 N. HABANA AVE. SUITE 502 TAMPA, FL 33614 Suite 303 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE TITLE Delete Change ■ Addition NAME PEDREGAL, ARTHUR J NAME 4710 N. HABANA AVE., SUITE 303 4700 N. HABANA AVE SUITE 502 STREET ADDRESS STREET ADDRESS TAMPA, FL 33614 CITY-ST-ZIP CITY-ST-ZIP TAMPA. FL 33614 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe ☐ 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 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this time 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

fedregal M.O.

4 4 2006 (813) 279.794

FILED