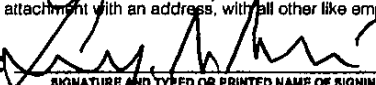


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 464557 1. Entity Name GEORGE M. MATHEW, M.D., P.A.			
Principal Place of Business 732 NORTH 3RD STREET LEESBURG, FL 34748 US		Mailing Address 732 NORTH 3RD STREET LEESBURG, FL 34748 US	
DO NOT WRITE IN THIS SPACE			
		01242007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1567156 Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MATHEW, GEORGE M 732 NORTH 3RD STREET LEESBURG, FL 32748		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
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 _____ (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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHEW GEORGE M 732 NORTH 3RD STREET LEESBURG, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATHEW, LOURDES 732 NORTH 3RD STREET LEESBURG, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		GEORGE MATHEW MD 1/31/07 352-738-2532	