2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Ry L Maure Park & MARIND SIGNATURE and Typed on Printed Name of Signing Officer on Director

FILED Apr 06, 2007 08:00 A Secretary of State **DOCUMENT # 520051** 1. Entity Namo R. MARINO, M.D., P.A. Principal Place of Business____ Mailing Address 555 W GRANADA STE C-2 PO BOX 2070 DAYTONA BEACH FL 32115 **ÖRMÖND BEACH FL 32174** 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-1715102 City & Stato City & Stato Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Cortificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MARINO, RALPH G. Street Address (P.O. Box Number is Not Acceptable) 555 W GRANADA BLVD ORMOND BEACH FL 32174 City 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 in applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addulion THILE ☐ Delete HILL MARINO, RALPH G. NAME NAMI U00000693817 555 W GRANADA STE C-2 STREET ADDRESS SIRIT LADDRESS 04/16/07-80055-009 150.00 ORMOND BEACH FL 32174 CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP HRE ☐ Delete TITLL ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADORESS CITY-ST-71P CÎIY-SI-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME. NAMI STREET ADDRESS STREET ADDRESS CUY-SI-78P CITY-S1-7IP Delete ☐ Addition HILL THE NAME: NAMI STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY+S1-AP 100 Delete HHE Addition NAME NAME STREET ADDRESS STRITT ADDRESS CiTY-S1-7IP CITY+S1-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 logal effect as if made under eath; 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.

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