2006 FOR PROFIT CORPORATION

Feb 16, 2006 08:00 AM Secretary of State **DOCUMENT #567182** 1. Entity Name JOHN L. SHOVER, D.O., P.A. Principal Place of Business Mailing Address 8133 54TH AVENUE NORTH 8133 54TH AVENUE NORTH ST. PETERSBURG, FL 33709 ST. PETERSBURG, FL 33709 01052006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1804958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHOVER, JOHN L., D.O. DO NOT WRITE 8133 54TH AVENUE NORTH ST. PETERSBURG, FL 33709 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 Signature, typed or puriled name of registered agent and rive if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS מפ TITLE SHOVER, JOHN L. NAME 8133 54TH AVENUE NORTH STREET ADDRESS ST. PETERSBURG, FL E27Y-S1-ZIP TITLE U0000043\$784 02/27/06-80005-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP nn € IN THIS SPACE NAME STREET ADDRESS

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 in changed, or on an attachment with an address, with all other like empowered.

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CUTY-ST-ZIP DT: F NAME STREET ADDRESS CHY-ST-ZIP TATLE NAME STREET ADDRESS CITY-57-27

> ent Shoess SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SHOVER D.O. 2/12/06

FILED