## 2007 FOR PROFIT CORPORATION

## Feb 01, 2007 8:00 am Secretary of State ANNUAL REPORT 02-01-2007 90024 002 \*\*\*150.00 **DOCUMENT # 600701** MOLINA, BURKETT, CHAUHAN, WHEELEY AND FINK, M.D., P.A. Principal Place of Business Mailing Address 60010791 1805 SOUTH 25TH ST. POST OFFICE BOX 2609 FORT PIERCE, FL 34954-2609 SUITE 2 FORT PIERCE, FL 34947 2. Principal Place of Business - No P.O Box # 3. Mailing Address 1459 CAPTAINS WALK Suite, Apt. #, etc Suite, Apt. #, etc. 01252007 CR2E034 (12/06) Cha-P City & State City & State 4 LEEL Number Applied For FORT PIERCE, 59-1225753 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34950 TISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDDY, KAMBAM R M.D. Street Address (P.O. Box Number is Not Acceptable) 1459A CAPTAINS WALK FORT PIERCE, FL 34950 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE ☐ Belete TITLE ☐ Change ☐ Addition REDDY, KAMBAM R M.D. NAME 1459A CAPTAINS WALK STREET ADDRESS STREE1 ADDRESS FORT PIERCE; FL 34950 CHY-ST-ZIP CITY-\$1-ZIP Delete INLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SC-7P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HILE ☐ Change ■ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIME ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

KAMBAM SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR