2006 FOR PROFIT CORPORATION

Jan 18, 2006 8:00 am Secretary of State **ANNUAL REPORT** 01-18-2006 90041 001 ***300.00 **DOCUMENT #603892** 1. Entity Name CLARKSON AND KIDD, D.O., P.A. Principal Place of Business Mailing Address 66000133 13020 PARK BLVD 13020 PARK BLVD SEMINOLE, FL 34646 US SEMINOLE, FL 34646 CR2E034 (11/05) 01042006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1433931 Not Applicable \$8.75 Additional 5. Certificate of Status Desired_ Fee Required 6. Name and Address of Current Registered Agent STROHAUER, GARY N ESQ. DO NOT WRITE 1150 CLEVELAND STREET SUITE 300 IN THIS SPACE CLEARWATER, FL 33755 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 tide if 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, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE KIDD, RICHARD C 13020 PARK BLVD STREET ADDRESS SEMINOLE, FL CITY-ST-ZIP STD CLARKSON, FREDERICK W. NAME STREET ADDRESS 13020 PARK BLVD CITY-ST-ZIP SEMINOLE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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 distance of the corporation or the receiver or distance of the corporation or the receiver of distance of the corporation or an attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

941-761-3919

FILED