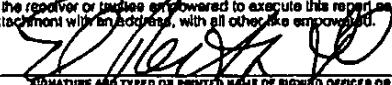


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-09-2008 90020 045 ***150.00
07-28-2008 90032 036 ***400.00

DOCUMENT # 627732		
1. Entity Name ELI PORTH, D.O., P.A.		
Principal Place of Business 1120 STATE RD. 436 STE 1200 CASSELBERRY, FL 32707		Mailing Address 1120 STATE RD. 436 STE 1200 CASSELBERRY, FL 32707
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PORTH, ELI, D.O. 1120 STATE RD 438 CASSELBERRY, FL 32707		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PVT PORTH, ELI, D.O. 1120 STATE RD. 438 STE 1200 CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTH, INA 1120 STATE ROAD 438, STE 1200 CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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:  		407 678-5008 7-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Daytime Phone #