2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# 675295

Entity Name: DOCTORS GARBER, EMHOF & HARTLAGE, P.A.

Current Principal Place of Business:

1525 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

1525 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32309

Current Mailing Address:

1525 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

1525 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32309

FEI Number: 59-2007197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMHOF,LESLIE S.
1525 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

EMHOF,LESLIE S.
1525 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: 01/03/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: EMHOF,LESLIE S.,
Address: 1525 KILLEARN CENTER BLV
City-St-Zip: TALLAHASSEE, FL

Title: SD ( ) Delete
Name: HARTLAGE, RANDELL J.,
Address: 1525 KILLEARN CENTER BLV
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: EMHOF,LESLIE S.,
Address: 1525 KILLEARN CENTER BLV
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: SD (X) Change ( ) Addition
Name: HARTLAGE, RANDELL J.,
Address: 1525 KILLEARN CENTER BLV
City-St-Zip: TALLAHASSEE, FL 32309 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE S EMHOF PTD 01/03/2007
Electronic Signature of Signing Officer or Director — Date