~2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2006 08:00 AM **DOCUMENT #693376** Secretary of State 1. Eatily Name JOSÉPH VIDAL, M.D., P.A. Principal Place of Business Mailing Address 2403 SE 17 ST. #301 2403 SE 17 ST. #301 OCALA, FL 34471 US DCALA, FL 34471-2842 US No Chg-P CR2E034 (11/05) 01182006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2103747 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIDAL, JOSEPH DO NOT WRITE 1351 SE 91ST PL OCALA, FL 34480-9359 IN THIS SPACE 5. 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 1 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD THILE 100000446809 VIDAL, JOSEPH NAME 03/08/08-88027-009 150.00 1351 SE 91ST PLACE STREET ADDRESS GITY - 51 - 21P OCALA, FL 34480 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS COTY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 of 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 directly 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 by Block to changed, or on an attachment with an address, with all piper like empowered.

wy

SIGNATURE

NAME STREET ADDRESS CITY - ST - ZIP

2/15/2006

252-629-8138

FILED