2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

Zip Country Zip Country Se-0184790 Net Applied Se-0184790 Net Applied Se-0184790 Net Applied Se-0184790 Se-0184	1. Entity Nar	TIVIEIN 1 # 030743 THE DR GROUP, INC.			01-28-2008 90037 030 ***158.75
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A. FEI Number 56-0184790 S. Certificate of Status Desired Fee Required	1 PARK AVE P. O. BOX 3	:. 08	1 PARK AVE. P. O. BOX 308	52	
City & State Country S. Certificate of Status Desired S. Sa.75 Additional Fee Required Required 8. Name and Address of Current Registered Agent Name City FL City City FL City FL City City FL City City FL City FL Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address		[1002] [1004 [100] [100] [100] [100] [100] [100] [100] [100] [100] [100] [100] [100] [100] [100]
Zip Country Zip Country S. Certificate of Status Desired S. S. 25 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered differ or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE PD			Suite, Apt. #, etc.		01102008 Chg-P CR2E034 (12/06)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 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 Fiorida. I am familiar with, and act the obligations of registered agent. SiGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. TITLE NAME REIF, DAVID P OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE NAME RICE, RONALD A SIRECTADORSS GITY-S1-ZIP HADDONFIELD, NJ 08033 TITLE NAME SIRECTADORSS GITY-S1-ZIP MAME SIRECTADORSS GITY-S1-ZIP MODINAL ON AL4256 TITLE NAME SIRECTADORSS GITY-S1-ZIP MOORSS GITY-S1-ZIP MAME SIRECTADORSS GITY-S1-ZIP MOORSS G	City & State		City & State		
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Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 City FL 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 active obligations of registered agent. SIGNATURE Signature, hoped or printed name of registered agent agent and live of approximate pages and approximate pages and approximate pages and approximate pages and live of approximate pages and approximate page	LINUTED	TATES SORDODATION COM	IDAAD/	Name	
TALLAHASSEE, FL 32301 City FL 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 act the obligations of registered agent. SIGNATURE Signature. Speed or printed name of registered agent and bite at applicable (NOTE Registered Agent segnature requires when renestating) PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.	1201 HAYS STREET		IPANY	Street Addre	ss (P.O. Box Number is Not Acceptable)
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 act the obligations of registered agent. SIGNATURE Signature, howed or printed name of registered agent and toe if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Foe will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. SIRECT ADRESS 35 LEGION LANE REIF, DAVID P NAME SIRECT ADRESS 35 LEGION LANE SIRECT ADRESS 36 LEGION LANE RICE, RONALD A SIRECT ADRESS 2628 PEARL RD MEDINA, OH 44256 CITY-51-2IP ITILE EVP MAME SIRECT ADDRESS 504 EAGLEBROOK DRIVE MAME SIRECT ADDRESS 504 EAGLEB	TALLAHASSEE, FL 32301				
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ITILE CFOT Delete TITLE CHange ACT Change ACT NAME MCGONIGLE, MARK E STREET ADDRESS 31 SORRET RUN STREET ADDRESS CITY-ST-ZIP MOUNT LAUREL, NJ 08054 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 local effect as if made under each that are entired or disc	STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS	150-B BIRCHWOOD CT MT LAUREL, NJ 08054 S TOMPKINS, KELLY P 2628 PEARL RD	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	18 YORK ROAD DELKAN, NJ 08075

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 pure like empowered.

GNING OFFICER OR DIRECTOR