2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT

DOCUMENT #F53641 07 SEP 17 PM 1:17 1. Entity Name C. ROBERTO PALMA, M. D., P. A. SECRETARIA DE STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 910 NE 26 AVE 910 NE 26 AVE FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304 CR2E034 (11/05) 09062007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2130238 Not Apolicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PALMA, C ROBERTO 910 NE 26 AVE FT. LAUDERDALE, FL 33304 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE PD PALMA, C. ROBERTO NAME STREET ADDRESS 910 NE 26 AVE CITY-ST-ZIP FT. LAUDERDALE, FL TITLE 70010937181 25/07-01010-007 ** NAME STREET ADDRESS CITY-ST-78 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 entropy and 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:

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

TED NAME OF SIGNING OFFICER OR DIRECTOR

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Date