2005 FOR PROFIT CORPORATION

Apr 28, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # F77842 JOHN S. KOVAR, D.C., P.A. Mailing Address Principal Place of Business 29-G MIRACLE STRIP PARKWAY 29-G MIRACLE STRIP PARKWAY FT. WALTON BCH., FL 32548 FT. WALTON BCH., FL 32548 CR2E034 (10/03) 03042005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 59-2189356 Not Applicable \$8.75 Additlonal 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOVAR, JOHN S., D.C. DO NOT WRITE 22 TANGLEWOOD CIRCLE FORT WALTON BEACH, FL 32547 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 signalure required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVS TITLE KOVAR, JOHN S., D.C. NAME 29-G MIRACLE STRIP PRKWY STREET ADDRESS U00000338376 04/28/05-80031-021 150.00 CITY-ST-ZIP FT. WALTON BCH., FL TITLE KOVAR, JOHN S., D.C. NAME 29-G MIRACLE STRIP PRKWY STREET ADDRESS CITY-ST-ZIP FT. WALTON BCH., FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE 7.7717 NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

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

FILED