2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 27, 2006 08:00 AN **DOCUMENT # F94000000119 Secretary of State** STEWART GREENBERG, M.D., P.A. Principal Place of Business Mailing Address 958 EVE STREET 958 EVE STREET DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 33483 US 02242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 22-2468587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GREENBERG, STEWART MD DO NOT WRITE 958 EVE STREET DELRAY BEACH, FL 33483 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 signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS MILE NAME GREENBERG, STEWART MD STREET ADDRESS 958 EVE STREET 000000449054 03/03/06-90038-018 150.00 CITY-ST-ZIP DELRAY BEACH, FL 33483 राश ह NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADURESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TILE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 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, withhall other like empowered.

SIGNATURE: XX SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O RECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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