2005 FOR PROFIT CORPORATION

Mar 18, 2005 8:00 am Secretary of State **ANNUAL REPORT** 03-18-2005 90078 034 ***150.00 DOCUMENT # G75745 1. Entity Name DANIEL M. DURANTE, O.D., P.A. ATROUDOR A Principal Place of Business Mailing Address 3468 N.W. FEDERAL HWY 3468 N.W. FEDERAL HWY JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 CR2E034 (10/03) Chg-P City & State 4. FEI Number City & State Applied For 59-2516366 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7: Name and Address of New Registered Agent DURANTE, DANIEL M Street Address (P.O. Box Number is Not Acceptable) 129 SOUTH SHORE ROAD STUART, FL 34994 City 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 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 Added to Fees FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition DURANTE, DANIEL M NAME NAME 129 SOUTH SHORE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 with an address, with all other like empowered.

CITY: ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED