2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2006 08:00 AM Secretary of State DOCUMENT # H20655 RICHARD P. EARL, D.P.M., P.A. Principal Place of Business Mailing Address 5542 WEST OAKLAND PARK BOULEVARD 5542 WEST OAKLAND PARK BOULEVARD LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 04132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2447979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EARL, RICHARD P. DO NOT WRITE 5542 WEST OAKLAND PARK BOULEVARD LAUDERHILL, FL 33313 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. Lyped 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 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE EARL, RICHARD P. DPM NAME STREET ADDRESS 5542 W. OAKLAND PARK U00000533265 CITY-ST-ZIP LAUDERHILL, FL 33313 05/06/06-80112-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING DESICER OR DIRECTOR

11 4-15-06

954-733-12:

Daytime Phone #

FILED