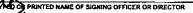
2007 FOR PROFIT CORPORATION

FILED Apr 02, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # H24830 1. Entity Name PAT QUIJADA, M.D., P.A. Principal Place of Business Mailing Address 1802 BELLEVUE AVENUE, SUITE 102 1802 BELLEVUE AVENUE, SUITE 102 ORLANDO, FL 32806 ORLANDO, FL 32806 No Chg-P CR2E034 (11/05) 03232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2449619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE QUIJADA, PATRICIO 1802 BELLEVUE AVENUE, SUITE 102 IN THIS SPACE ORLANDO, FL 32806 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 NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME QUIJADA, PATRICIO STREET ADDRESS 1802 BELLEVUE AVE, #102 CITY-ST-ZIP ORLANDO, FL TITLE NAME 04/10/07-80047-010 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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

SIGNATURE:

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



Date

Daytime Phone #