2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 19, 2007 08:00 All Secretary of State DOCUMENT # H25163 1. Entity Name CHARLES DACK, M.D., P.A. Principal Place of Business Mailing Address 114 MCDONALD ST 114 MCDONALD ST LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) 4. FE! Number 59-2449727 City & State City & Stato Applied For Not Applicable Country Country \$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 Namo DACK, CHARLES Street Address (P.O. Box Number is Not Acceptable) 114 MCDONALD ST LAKELAND FL 33803 Zip Code 8. The above named onlify 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. CHARLES DACK SIGNATURE (Ranles Vach printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition IIILE ☐ Change TITLE DACK, CHARLES NAMI. NAMI: 114 MCDONALD ST STREET ADDRESS STREET ADDRESS. LAKELAND FL 33803 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Defete THE Change Addition NAME NAMI' STREET ADDRESS SIRE EL ADDRESS CITY-SI-ZIP CITY-ST-ZIP - Deteta-THE Change Addition NAME STRUET ADDRESS STREET ADDRESS CITY+ST-7IP CITY ST-7IP Addition ☐ Change IIILE ☐ Delete THILE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME 04/29/07-80009-009 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change ☐ Addition TITLE Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-7/P

12. I hereby corlify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 togal effect as if made under eath; 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:

Author Dack (4-17-07 (\$63)680-1214)

SIGNATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Da