2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 24, 2005 08:00 AM Secretary of State DOCUMENT # H59650 1. Entity Name ANGEL P. VEGA, M.D., P.A. Principal Place of Business Mailing Address 8316 HANLEY RD 8316 HANLEY RD SUITE 3 SUITE 3 TAMPA, FL 33634 TAMPA, FL 33634 ÜS 02152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2547715 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VEGA, ANGEL P DO NOT WRITE 8316 HANLEY RD SUITE 3 IN THIS SPACE TAMPA, FL 33634 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, typed 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, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME VEGA, ANGEL P U00000241923 8316 HANLEY RD., SUITE 3 STREET ADDRESS .02/24/05-80061**-**024 CITY-ST-ZIP TAMPA, FL 33634 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 trusfee empowered to execute this leport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an altachmo

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: