2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # H81002 1. Entity Name LARRY M. PERICH, D.O., P.A. Principal Place of Business Mailing Address 2020 SEVEN SPRINGS BLVD 2020 SEVEN SPRINGS BLVD. NEW PORT RICHEY, FL 33655 NEW PORT RICHEY, FL 34655 No Chg-P CR2E034 (11/05) 04232007 DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 59-2630899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERICH, BARBARA J. DO NOT WRITE 2020 SEVEN SPRINGS BLVD. NEW PORT RICHEY, FL 34655 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVD TITLE PERICH, LARRY M. D.O. NAME STREET ADDRESS P.O. BOX 781 N/A ODESSA, FL 33556 CITY-ST-ZIP - U00000744596 TITLE PERICH, BARBARA J. NAME STREET ADDRESS P.O. BOX 781 N/A CITY-ST-ZIP ODESSA, FL 33556 TITLÉ NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TIT! F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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FILED