2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # J31264 1. Entity Name VENKIT S. IYER, M.D., P.A. Mailing Address Principal Place of Business 32615 U.S. 19 NORTH 32615 U S 19 NORTH SUITE 3 SUITE 3 PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 US CR2E034 (10/03) 04252005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-2660439 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE IYER, VENKIT S. 32615 US 19 NORTH, STE 3 PALM HARBOR, FL 34684 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 title if applicable. (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE IYER, VENKIT S. NAME STREET ADDRESS 32615 US 19 NORTH, STE 3 CITY-ST-ZIP PALM HARBOR, FL U00000350304 TITLE 05/02/05-80099-021 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TIT1E NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-785-4478

Daytime Phone #