

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J72293

FILED
Oct 27, 2007
Secretary of State**Entity Name:** SCHWARTZ & NEUWIRTH, P.A.**Current Principal Place of Business:**1121 OVERCASH DRIVE
DUNEDIN, FL 34698**New Principal Place of Business:**2196 MAIN STREET
SUITE H
DUNEDIN, FL 34698**Current Mailing Address:**1121 OVERCASH DRIVE
DUNEDIN, FL 34698**New Mailing Address:**2196 MAIN STREET
SUITE H
DUNEDIN, FL 34698**FEI Number:** 59-2806728**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHWARTZ, STEVEN P., M.D.
1121 OVERCASH DRIVE
DUNEDIN, FL 34698 US**Name and Address of New Registered Agent:**SAGAR, VIDYA M.D.
2196 MAIN STREET
SUITE H
DUNEDIN, FL 34698 US

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.

SIGNATURE: VIDYA SAGAR, M.D.

10/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: SCHWARTZ, STEVEN P.,
Address: 1121 OVERCASH DRIVE
City-St-Zip: DUNEDIN, FL 34698**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P/D (X) Change () Addition
Name: SAGAR, VIDYA M.D.
Address: 2196 MAIN STREET, SUITE H
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIDYA SAGAR, M.D.

P/D

10/27/2007

Electronic Signature of Signing Officer or Director

Date