2007 FOR PROFIT CORPORATION

Apr 27, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # K34923 1. Entity Name S. RAO KORABATHINA, M.D., P.A. Principal Place of Business Mailing Address 4527 U.S. HIGHWAY 19 NORTH 4527 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 02012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2910267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KORABATHINA, S. RAO DR MD DO NOT WRITE 4527 U.S. HIGHWAY 19 NORTH NEW PORT RICHEY, FL 34652 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE KORABATHINA, S. RAO NAME STREET ADDRESS 4527 US HWY, 19 NORTH CITY-ST-ZIP NEW PORT RICHEY, FL TITLE 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-7IP TITLE NAME STREET ADDRESS U00000740018 CITY-ST-ZIP 05/14/07-80050-013 150.00

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

RAO KORABATHINA

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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FILED