2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED ON PRINTED NAME OF

SIGNATURE: _

SIGNING OFFICER OF DIRECTOR

FILED May 15, 2007 8:00 am Secretary of State

1. Entity Nam		‡ K43587 M.D., P.A.						05-15-2007	7 90010 ()49 ***15	50.00	
Principal Place of Business 1201 IFTH AVENUE N. SUITE 305 ST PETERSBURG, FL 33705-1400 2. Principal Place of Business - No P.O. Box #			Mailing Address 1201 FIFTH AVEN SUITE 305 ST PETERSBURG,	400			13952		11 51811 61811 618	11 88 1 18		
261 No Suite, Apt.	rth Sun #, etc.	ss-No P.O.Box# set Drive	3. Mailing Address 261 North Sunset Drive Suite, Apt. #, etc.				04272007	Chg-P		34 (12/06)		
City & State St≅—Pet	e ersburg	FI.	City & State St. Petersburg, FL				4. FEI Number 59-291			_ 	plied For at Applicable	
33710-7	7441	Country	33710-744	ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	ditional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
TAN, RIZALINA B. 1201 FIFTH AVENUE N. SUITE 306 SAINT PETERSBURG, FL 33706						Tan, Rizalina B. Street Address (P.O. Box Number is Not Acceptable) 261 North Sunset Drive						
	named entity sions of equister	aleia t	the purpose of changi	Sol	L	egistere			FL prida. tam	3371	0 - 7441	
	E NOWIII F	EE IS \$150.00 Fee will be \$550.0	9. Election Ca Trust Fund	. <u>-</u> .		\$5.0	00 May Be d to Fees	CHANGES TO OFF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P/T TAN, RIZAL 1201 FIFTH SAINT PETI	E EET ADDRESS -ST-ZIP	261	, Rizal North	ina B. Sunset Dri burg, FL 3		Change 7441	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		E EET ADDRESS -ST-ZIP					☐ Change	☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP			Delete	• • • • • • • • • • • • • • • • • • • •	I .		^		-	Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	I .					☐ Change	Addition	
NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Đelete		I					Change	☐ Addition	
indicated of the con	on this report of poration or the	nformation supplied with the supplemental report is receiver or trustee emportment with an address, w	true and accurate and wered to execute this re	that my signa eport as requi	ture shall have	e the sa er 607,	ime legal effec	t as if made under s; and that my nam	oath: that I a	m an officer	or director	

727-235-2538

Daytime Phone #

RIZACINA B. TON

Date