2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 08:00 AM Secretary of State **DOCUMENT # K82109** 1. Entity Name ORLANDO MALDONADO, M.D., P.A.. Principal Place of Business Mailing Address 407 6TH AVE. E 407 6TH AVE. E BRADENTON, FL 34208 BRADENTON, FL 34208 US 03052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0167840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALDONADO, ORLANDO MD PA DO NOT WRITE 407 6TH AVE. BRADENTON, FL 34208 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) 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 10. OFFICERS AND DIRECTORS DΡ TITLE NAME MALDONADO, ORLANDO STREET ADDRESS 407 6TH AVE. E U00000704233 04/23/07-80003-001 150.00 CITY-ST-ZIP BRADENTON, FL 34208 NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 NAME

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

STREET ADDRESS CITY-ST-ZIP

O. MN4DO-

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR