2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 29, 2006 8:00 am Secretary of State DOCUMENT # L09496 03-29-2006 90131 043 ***150.00 1. Entity Name JACQUES N. FARKAS, M.D., INC. Principal Place of Business Mailing Address 5503 S CONGRESS AVE 701 SEAVIEW DR #104 JUNO BEACH, FL 33408 US ATLANTIS, FL 33462 2. Principal Place of Business 3. Mailing Address SAME TOI SEAVIEW DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For BEAU JUNO 65-0138598 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FARKAS, JACQUES N 5503 S CONGRESS AVE #104 ATLANTIS, FL 33462 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 the obligations of registered agent SIGNATURE of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change FARKAS, JACQUES N. NAME NAME 5583 & CONGRESS AVE #104 70/ SEXUEW OL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-7IP JUNO BEACH, FL TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all ginet like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nem	MENT # 109496 S N. FARKAS, M.D., INC.			ATTACH	
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2. Principa F Fo I Suite, Apt		3. Mailing Address S.A. Suite, Apt. #. etc.	1.4E	021420e6 Chg-P	CR2E092 (17/05)
City & Star JUN D	BEAUL FL	City & State		4. fEl Number 65-0138598	Asplied For Not operable
33402	6. Name and Address of Current R	Zio	Country	5. Certificate of Status Desired	Fee Requirec
5503 S CC #104 ATLANTIS	JACQUES N DNGRESS AVE		Stree: Aures	Jeavien I	PRIVE FL 38400
the obligation of the street o	named entity submits this statement for those of registered agent Signalus, typod or profediment of agisteric sport as E NOWIN FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campa g	Regrisered Alphhachina uro read	refer agent, or both, in the State of S	DATE
10.	CFFICERS AND D	ICECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
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of the car	pertify that the information supptied with it on this report or supplemental report in supplemental report in the respect or trustee empower on an attachnesh with an address, with the control of the respective for the resp	ue and accurate and that my ered to execute this report a	r signature shalf have to secured by Chapter C	ne same legal effect as it made under 307. Florida Statutes; and that my nar	rooth: that I am an afficar as airealar