2008 FOR PROFIT CORPORATION

Feb 15, 2008 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT #L98916 1. Entity Name REQUME, INC. Principal Place of Business Mailing Address 37840 MEDICAL ARTS CT. 37840 MEDICAL ARTS CT. ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541 Same and Angelouse of the water when the Arest own the All and the property of the prope 02122008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3034602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired es la la companya de Fee Required 6. Name and Address of Current Registered Agent GROSSBARD, LEE J. DO NOT WRITE 37840 MEDICAL ARTS CT ZEPHYRHILLS, FL 33541 IN THIS SPACE nagyunga najar magunagan garipaga atau asis (1991-1966 kasi intri) (1891-196) 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) H000008290215 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 02/26/08-80024-020 150.00 Added to Fees After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. agyang pangrang paggaraka ang mga aga algan da ada na b TITLE MCTAGGART, JOHN D. NAME process and the second control of the second STREET ADORESS 1612 CULBREATH ISLES DR CITY-ST-ZIP TAMPA, FL 33629 DITLE go ng align kayar, a da wagan ta sanani Sibi CHEEMA, PAVITAR S. NAME 38023 MEDICAL CENTER AVE STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS, FL 33540 HILE NAME GROSSBARD, LEE J. DO NOT WRITE STREET ADDRESS 37840 MEDICAL ART CTR City-St-ZiP ZEPHYRHILLS, FL 33541 IN THIS SPACE TITLE NAME STREET ADORESS gyvindangsyk og makarikannag makaran arkarakerik etkatis (b. 1 CITY-ST-ZIP TITLE

12. Thereby 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP GTLE NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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