2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 06, 2007 8:00 am Secretary of State DOCUMENT # M80103 02-06-2007 90009 034 ***150.00 DR. CHARLES PRICE, P.A. Principal Place of Business Mailing Address 40010047 934 CANDLELIGHT BLVD. 934 CANDLELIGHT BLVD. BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 01222007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2887570 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRICE, CHARLES R. DO NOT WRITE 934 CANDLELIGHT BLVD. BROOKSVILLE, FL 34601 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 requisiting digent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PRICE, CHARLES R. 934 CANDLELIGHT BLVD. STREET ADDRESS 34601 CITY-ST-ZIP BROOKSVILLE, FL HILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY - S1 - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

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 changes, or on an attachment with an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED