2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Entity Name A BALES WEINSTEIN PROFESSIONAL ASSOCIATION OF AUG 25 PH 4: 21 Light IARY OF SLATE LIGHT OF SLATE LIGHT AND SL
SIE 100 TAMPA, FL 33602 2. Principal Place of Business 100 Dr. Markin Lutver Xing Jr. Sk. N. 9100 Dr. Markin Lutver Xing Jr. Sk. Nor Applicable Xing Additional Fee Required 3. 10 2 USA 3700 Country S. Certificate of Status Desired St. Sketer Share Sh. Name and Address of Current Registered Agent WEINSTEIN, DAVID B ESQ 625 E TWIGGS ST SUITE 100 1. Name Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Signal Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Signal Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Signal Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Signal Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Signal Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Signal Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Signal Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Signal Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Signal Address (P.O. Box Number is Nor Acceptable) Tr. Sk. North Amended AR is \$61.25 Profess And Directors 10. OFFICERS AND DIRECTORS 11. Address Address Tr. Sk. North Name Address Address St. Sk. Sk. Sk. Sk. Sk. Sk. Sk. Sk. Sk. Sk
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Signature Sign
WEINSTEIN, DAVID B ESQ 625 E TWIGGS ST SUITE 100 TAMPA, FL 33602 Super Address (P.O. Box Number is Not Acceptable) Suitr 400 City St Petersburg FL Zip Code City St Petersburg FL Zip Code Suitr 400 City St Petersburg FL Zip Code Suitr 400 City St Petersburg FL Zip Code City St Petersburg FL Zip Code Suitr 400 City St Petersburg FL Zip Code Suitr 400 City St Petersburg FL Zip Code City St Petersburg FL Zip Code Suitr 400 City St Petersburg FL Z
Super Address (P.O. Box Number is Not Acceptable) Suit 100 TAMPA, FL 33602 Suit 400 City 5t Petersburg FL 239762 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 Registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VDT VD Change Addition NAME BALES, JOHN C SITTER ADDRESS G25 E TWIGGS ST STE 100 CITY-ST-2IP TAMPA, FL 33602 TITLE PDS WEINSTEIN, DAVID B Street Address (P.O. Box Number is Not Acceptable) Suit 4 400 City 5t Petersburg FL Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDS WEINSTEIN, DAVID B Street Address (P.O. Box Number is Not Acceptable) Suit 4 400 City 5t Petersburg FL Zip Code Addition Not Code to Florida agent, or both. In the State of Florida. I am familiar with, and accept the objective registered agent, or both. In the State of Florida. I am familiar with, and accept the objective registered agent, or both. In the State of Florida. I am familiar with, and accept the objective registered agent, or both. In the State of Florida. I am familiar with, and accept the objective registered agent, or both. In the State of Florida. I am familiar with, and accept the objective registered agent, or both. In the State of Florida. I am familiar with, and accept the objective registered agent, or both. In the State of Florida. I am familiar with, and accept the objective registered agent, or both. In the State of Florida. I am familiar with, and accept the objective registered agent, or both. In the State of Florida. I am familiar with, and accept the objective registered agent, or both. In the State of Florida. I am familiar with, and accept
TAMPA, FL 33602 Suit 400 City 5t Petersburg FL 250 Code 33702 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 and title if applicable. SIGNATURE Signature fixed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE Amended AR is \$61.25 9. Election Campaign Financing Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME BALES, JOHN C SIREET ADDRESS 625 E TWIGGS ST STE 100 SIREET ADDRESS CITY-ST-2P TAMPA, FL 33602 TITLE PDS WEINSTEIN, DAVID B STEET ADDRESS CITY-ST-2P TAMPA, FL 33602 TITLE PDS WEINSTEIN, DAVID B City St- Peters burg, Fl 33702 Change Addition NAME Change Addition NAME Change Addition NAME Change Addition
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 specified agent and tide if applicable. Amended AR is \$61.25 9. Election Campaign Financing frust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VDT VD AME BALES, JOHN C SIREET ADDRESS 625 E TWIGGS ST STE 100 CITY-ST-ZIP TAMPA, FL 33602 TITLE PDS WEINSTEIN, DAVID B Delete TITLE Change Addition NAME SIREET ADDRESS CITY-ST-ZIP St. Refer Shurg, Fl 33102 Change Addition NAME Change Addition Change Addition Change Addition
8. The above named entity submits this statement for the purpose of changing its registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatur Specific agent. SIGNATURE Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VDT NAME BALES, JOHN C SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 TITLE PDS Delete TITLE PDS TAMPA, FL 33602
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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 encused 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: