2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2008 08:00 AN Secretary of State **DOCUMENT # P00000032835** NARMO L. ORTIZ JR., DPM, P.A. Principal Place of Business Mailing Address 1413 VISCAYA PKWY 1413 VISCAYA PKWY SUITE A SUITE A CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 No Chg-P CR2E034 (11/05) 03292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0996173 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent DO NOT WRITE FEINSTEIN, MONICA L 13180 N. CLEVELAND AVENUE 218 IN THIS SPACE N. FT. MYERS, FL 33903 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. DATE Signature, typed or printed name of registered spent 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, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 05/28/08-80101-004 150.00 TITLE ORTIZ, NARMO L JR. NAME STREET ADDRESS 1413 VISCAYA PKWY SUITE A CITY-ST-ZIP CAPE CORAL, FL 33990 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 TITLE

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 other like empowered.

SIGNATURE: 👱

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED