-2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 All Secretary of State DOCUMENT # P01000033364 ROBERT P. CASOLA, D.O., P.A. Principal Place of Business Mailing Address 6570 DANIELS RD 6570 DANIELS RD NAPLES, FL 34109 NAPLES, FL 34109 01192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1096341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KEHOE, JOHN D DO NOT WRITE CHEFFY PASSIDOMO WILSON & JOHNSON LLP 821 FIFTH AVENUE SOUTH - SUITE 201 IN THIS SPACE NAPLES, FL 34102 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Repistered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PDST TITLE CASOLA, ROBERT P.D.O. NAME STREET ADDRESS 6570 DANIELS RD 000000740522 CITY-ST-ZIP NAPLES, FL 34109 05/14/07-80071-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME

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 an guiter like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/07

Daytime Phone #

FILED