2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 20, 2008 08:00 A Secretary of State DOCUMENT # P01000070361 1. Entity Name DANIEL L. EBERSOLD, P.A. Principal Place of Business Mailing Address 3505-1 U.S. 1 SOUTH 3505-1 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL. 32086 03022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3605106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EBERSOLD, DANIEL L 3505-1 US 1 SOUTH ST. AUGUSTINE, FL 32080 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 registered agent and title 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 D EBERSOLD, DANIEL L NAME STREET ADDRESS 3505-1 US 1 SOUTH CITY-ST-ZIP ST AUGUSTINE, FL 32080 TITLE UDDDDDD884315 nazñazña-Añnio-019 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP

I hereby certify that the information supplied indicated on this report of supplemental of the corporation or the receiver or trus not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if vered tales changed, or on an attach

TITLE NAME STREET ADDRESS CITY-ST-ZIP