2008 FOR PROFIT CORPORATION ANNUAL REPORT

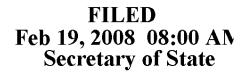
DOCUMENT # P01000079844

1. Entity Name

HENRY J. O'NEAL, M.D., P.A.



Principal Place of Business Mailing Address



| 113 | | 13701 BRUCE B DOWNS BLVD 113 TAMPA, FL 33613 | | | | |
|---|--|--|-----------------------------|---|------------------------|--|
| | O NOT WRITE | IN THIC COA | | (, , , , , , , , , , , , , , , , , , , | No Chg-P | CR2E034 (11/05) |
| | | IN THIS SPA | | FEI Number 59-37422 Certificate of S | | Applied For Not Applicable \$8.75 Additional Fee Required |
| #113 TAMPA, F | JCE B DOWNS BLVD L 33613 | | | IN TH | IOT WE | ACE AND A DESCRIPTION OF THE PROPERTY OF THE P |
| the obligat | named entity submits this statement for thoos of registered agent. Signature, typed or proted name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | title if applicable. (NOTE Register | ed Agent signature required | | n the State of Fioric | DATE |
| 10. | OFFICERS AND DI | · , | | | 02/27/09- (| |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | P O'NEAL, HENRY J 13701 BRUCE B DOWNS BLVD TAMPA, FL 33613 | izo (Ono | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO N | IOT WF | RITE |
| TITLE NAME STREET ADDRESS CHTY-ST-ZIP | | | | Sapin Ti | IIS SPA | NCE of the second |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | vertify that the information cumplied with th | _ | | | | |

I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 ceiver or trustee empowered to execute this report as required by Chapter 603, 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: Henry J. O'Neal, M.D.

President

(813) 971-2351