2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 29, 2008 08:00 AN Secretary of State DOCUMENT # P01000093484 LIMERES MEDICAL CLINIC, P.A. Principal Place of Business Mailing Address 530 ZEAGLER DR 530 ZEAGLER DR SUITE B SUITE B PALATKA, FL- 32177 PALATKA, FL 32177 02082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3751155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARKHAM, TRACY L DO NOT WRITE 2730 US 1 S, STE J ST AUGUSTINE, FL 32086 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) U00000952328 06/04/08-80075-006 550.00 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 TITLE LIMERES, DR. MIGUEL NAME STREET ADDRESS P.O. BOX 1397 CITY-ST-ZIP PALATKA, FL 32178 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

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #