2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 11, 2007 08:00 AM DOCUMENT # P02000047954 **Secretary of State** ROBERT L. DUNCAN, JR., M.D., PH.D., P.A. Principal Place of Business Mailing Address 4425 HARBOR POINT DR. 7509 STATE RD. 52, SUITE 210 PORT RICHEY, FL 34668 HUDSON, FL 34667 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 82-0541973 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNCAN, ROBERT L JR. DO NOT WRITE 4425 HARBOR POINT DR. PORT RICHEY, FL 34668 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 Agen) signature required when reinstation) DATE 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 TITLE DUNCAN, ROBERT L JR. NAME STREET ADDRESS 4425 HARBOR POINT DR. CITY-ST-ZIP PORT RICHEY, FL 34668 U00000581859 TITLE 01/11/07-80008-018 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

h this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or changed, or on an attachment with L. DUNCAN, JR.

SIGNATURE:

TITLE NAME, STREET ADDRESS CITY-ST-ZIP

727-861-9860