2005 FOR PROFIT CORPORATION

Jan 31, 2005 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P02000056960 1. Entity Name JOANNE KUNDL, OD, PA-II Principal Place of Business Mailing Address 10521 N KENDALL DR STE E-103 7030 SW 82 AVE MIAMI, FL 33176 MIAMI, FL 33143 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4497007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUNDL, JOANNE DO NOT WRITE 10521 N KENDALL DR STE E-103 MIAMI, FL 33176 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 U00000206959 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/01/05-80027-004 150.00 10. OFFICERS AND DIRECTORS TITLE NAME KUNDL, JOANNE 7030 SW 82 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

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

305 279 6107

FILED