≱ 2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P03000004910 1. Entity Name CARMIY. STADLAN, M.D., P.A. Principal Place of Business Mailing Address 22155 TRILLIUM WAY 22155 TRILLIUM WAY BOCA RATON, FL 33433 BOCA RATON, FL 33433 04062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0549137 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BELSON, STEVEN A ESQ DO NOT WRITE 2000 GLADES RD, STE 300 BANK OF AMERICA BLDG IN THIS SPACE BOCA RATON, FL 33431 3. 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, typod or printed name of registered agent and hite it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U000000544369 FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/11/06-80033-013 150.00 OFFICERS AND DIRECTORS 10. TIFLE STADLAN, CARMI Y MD NAME 22155 TRILLIUM WAY STREET ADDRESS CHTY-ST-ZIP BOCA RATON, FL 33433 NAME STREET ADDRESS City-St-ZP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

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12. I hereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under ceth, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

MILE

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

NAME STREET ADDRESS CITY-ST-ZIP