2007 FOR PROFIT CORPORATION

Secretary of State **ANNUAL REPORT** 01-12-2007 90017 001 ***158.75 DOCUMENT # P03000020883 MIHAELA IONESCU, M.D., P.A. **ZUUULJUU** Principal Place of Business Mailing Address 10785 ORCHARD WALK PLACE WEST 10785 ORCHARD WALK PLACE WEST JACKSONVILLE, FL 32257-6927 US JACKSONVILLE, FL 32257-6927 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2021 Kingsley Avenue c/o David A. King, Attorney Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) Suite 101 1416 Kingsley Avenue City & State Orange Park, Florida City & State Orange Park, Florida Applied For 4. FEI Number 05-0559140 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32073 Clay 32073 Clay Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mihaela Ionescu JOHNSTON, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 2021 Kingsley Avenue 121 W FORSYTH ST, STE 800 JACKSONVILLE, FL 32202 Suite 101 Orange Park, ^{zip}C073 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ·D HILE ☐ Delete TITLE Change Addition IONESCU, MIHAELA MD NAME NAME 2021 Kingsley Avenue, Suite 101 STREET ADDRESS 10785 ORCHARD WALK PLACE WEST STREET ADDRESS CHY ST ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Orange Park, Florida 32073 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change THE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

12. Thereby 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 with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CHY-ST-ZIP

MING OFFICER OR DIRECTOR Mihaela Ionescu, President

☐ Delete

☐ Change

☐ Addition

FILED Jan 12, 2007 8:00 am