## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053170

City-St-Zip: WINDERMERE, FL 34786 US

Entity Name: MARILYN G. LAJOIE, M.D., D.C., PA

FILED Jul 16, 2007 Secretary of State

| Current Principal Place of Business:  |  |   |                  | New Principal Place of Business:              |   |  |
|---|--|---|------------------|---|---|--|
| 1768 PARK CENTER DRIVE  |  |   |                  | 5900 TURKEY LAKE ROAD<br>ORLANDO, FL 32819 US |   |  |
| SUITE 200<br>ORLANDO, I   | TLE 200<br>RLANDO, FL 32835 US         |   |                  |   |   |  |
| Current Mailing Address:  |  |   |                  | New Mailing Address:                          |   |  |
| 1768 PARK (<br>ORLANDO, I   |  | IVE<br>US   |                  | 11115 LEDGEMENT L<br>WINDERMERE, FL 3         |   |  |
| FEI Number: 54  | 4-2110566                              | FEI Number Applied For  | ( ) FEI Nur      | nber Not Applicable ( )                       | Certificate of Status Desired ( )       |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |   |                  |   |   |  |
| LAJOIE, MAI<br>11115 LEDG<br>WINDERME   | EMENT LAN                              | <del></del>   |                  |   |   |  |
| The above notine the State of   |  | submits this statement fo                                     | or the purpose o | f changing its registered                     | ed office or registered agent, or both, |  |
| SIGNATURE   | <u>:</u>                               |   |                  |   |   |  |
| Electronic Signature of Registered Agent  |  |   |                  | Date  |   |  |
|   |  | 3(2)(b), F.S., the corporation<br>J Trust Fund Contribution ( |                  | he prior notice.                              |   |  |
| OFFICERS AND DIRECTORS:   |  |   |                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  |   |  |
| Name: I   | DR ()<br>LAJOIE, MARIL<br>11115 LEDGEM |   |                  | Title:<br>Name:<br>Address:                   | ( ) Change ( ) Addition                 |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN G. LAJOIE, MD PRES 07/16/2007