*2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 11, 2007 08:00 AM DOCUMENT # P04000069384 **Secretary of State** 1. Entity Name DANIEL A. TERRONE, D.O., P.A. Principal Place of Business Mailing Address 7509 STATE ROAD 52 19001 COUR ESTATES SUITE 210 LUTZ, FL 33558 HUDSON, FL 34667 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2444326 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent TERRONE, DANIEL A DO NOT WRITE 19001 COUR ESTATES LUTZ, FL 33558 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 reinstahrig) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 , 000000581852 01/11/07=80008-013 150.00 10. OFFICERS AND DIRECTORS TITLE TERRONE, DANIEL A NAME STREET ADDRESS 19001 COUR ESTATES CITY-ST-7/P LUTZ, FL 33558 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-73P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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 attachypert with an address with all other like empowered.

DANCEL A. TERRONE, D. 0.

DANCEL A. TERRONE, D. 0.

SIGNATURE:

CITY-ST-ZIP

IGNORAND WIND OR DEINTED NAME OF SERVING OFFICER OF PROPERTY

1-8-17

727-861-9800

FILED

Daylime Phone #