2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # P04000095908** 04-04-2005 90101 040 ***150.00 BRAD E. MCCOLLOM, D.O., P.A. Principal Place of Business Mailing Address 1327 N CENTRAL AVE 1327 N CENTRAL AVE 200221101 SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name VANDEVOORDE, RENE G Street Address (P.O. Box Number is Not Acceptable) 1327 N CENTRAL AVE SEBASTIAN, FL 32958 City Zin Code 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 tale if applicable. (NOTE: Registered Agent aignature required when renatating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD ☐ Delete TITLE Change Addition MCCOLLOM, BRAD E D.O. NAME NAME STREET ADDRESS 1327 N CENTRAL AVE STREET ADDRESS SEBASTIAN, FL 32958 CITY-ST-ZIP CITY-ST-7/P ☐ Defete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 employed 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 all address, with all pitter like empowered. Brod (. McCollan 3/3,1/05 (772) 299-0870

FILED