2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90068 049 ***158.75

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1. Entity Name
PARSES, INC.

Principal Place of Business	Mailing Address
3816 WEST LINEBAUGH AVENUE SUITE 210 TAMPA, FL 33618	3816 WEST LINEBAUGH AVENUE SUITE 210 TAMPA, FL 33618

2. Principal Place of Business	3. Mailing Address
3350 BUSCHWOOD PK DR.	3350 BUSCHWOOD PK DR
Suite, Apt. #, etc. SUITE 120	Suite, Apt. #, etc. SUITE 120
City & State TAMPA, FL.	City & State TAMPA, FL.
Zip 33618 / Country USA	Zip 33618 / Country USA

01042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1377532 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIFINO, WILLIAM J SR WILLIAMS SCHIFINO MANGIONE ET AL. ONE TAMPA CITY CENTER SUITE 2600 TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	D-C-P ☐ Change ☒ Addition
NAME	MIHALE, DENNIS P.H.	NAME	MIHALE, DR. DENNIS
STREET ADDRESS	3816 WEST LINEBAUGH AVENUE SUITE 210	STREET ADDRESS	3350 BUSCHWOOD PK DR SUITE 120
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	TAMPA, FL. 33618
TITLE	D ☒ Delete	TITLE	D-S-V ☐ Change ☒ Addition
NAME	NEAL, GREGORY N	NAME	MIHALE, SHARON
STREET ADDRESS	3816 WEST LINEBAUGH AVENUE SUITE 210	STREET ADDRESS	3350 BUSCHWOOD PK DR. SUITE 120
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	TAMPA, FL. 33618
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	MIHALE, SHARON A.H.	NAME	CHEN, DR. ANDRE
STREET ADDRESS	3816 WEST LINEBAUGH AVENUE SUITE 210	STREET ADDRESS	3350 BUSCHWOOD PK DR. SUITE 120
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	TAMPA, FL. 33618
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	MURRAY, JACK
STREET ADDRESS		STREET ADDRESS	3350 BUSCHWOOD PK DR. SUITE 120
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL. 33618
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	MURRAY, MIKE
STREET ADDRESS		STREET ADDRESS	3350 BUSCHWOOD PK DR. SUITE 120
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL. 33618
TITLE	☐ Delete	TITLE	T ☐ Change ☒ Addition
NAME		NAME	NESTA, WILLIAM
STREET ADDRESS		STREET ADDRESS	3350 BUSCHWOOD PK DR. SUITE 120
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL. 33618

12. I hereby 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 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 attachment with an address, with all other like empowered.

SIGNATURE: William Nesta WILLIAM NESTA 3/16/05 813-936-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #