2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 03, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000112121 NORA E. BOLANOS, M.D., P.A., Principal Place of Business Malling Address 319 W OAKS ST 319 W OAKS ST KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 CR2E034 (11/05) 01252006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1637902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE CARRIÓN, JULIO R ESQ. 120 BROADWAY AVENUE 306 IN THIS SPACE KISSIMMEE, FL 34741 6. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1000000418337 9. Election Campaign Financing \$5.00 May Ba FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 02/14/06-80004-002 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PRES TITLE BOLANOS, NORA E M.D. NAME 3857 BROOKMYRA DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32837 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3137F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby 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 Black 10 or Black 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP mιε

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

FILED