2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # P05000029274 LEGY Name KANNER PROFESSIONAL CENTRE, INC. Mailing Address 2349 SW 42ND AVINUE PAIM CITY, FL 34990 US PAIM CITY, FL 34990 US PAIM CITY, FL	ANNOAL ILL ON I					Secretary of State					
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S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Na	Cipy & Strate	Dalt 11	St Vant F	-1				<u>.</u> .	No	t Applicable	
Name Street Actoress (P.O. Box Number is Not Acceptable)	34	991 Country	34997	Country				F6	e Required		
STUART, FL 34994 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 Fordia. I am familiar with, and scoepitable the obligations of registered agent. SIGNATURE Signature		6. Name and Address of Current F	legistered Agent	Nome		7. Name and	Address of New F	Registered Ag	ent		
Sireet Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Since I agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature, fored or pread name of implication agent and the if applicable. PILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Added to Fee Trust Fund Contribution. Added to Fee SOVEREL, BRET SIRET ADDRESS Delete ITILE NAME SIRET ADDRESS Addition Name SIRET ADDRESS SIRET ADDR	DUNGEY	RICHARD J		Name	Name						
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12. Thereby certify that the information supplied with this filling does not quality 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OXPICER OR DIRECTOR

Date

Daytime Phone #