04/20/2006 14:37 6991503 DR:

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Apr 24, 2006 8:00 am
Secretary of State

03-29-2006 90125 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/2:

DOCUMENT # P05000059823

1. Entity Name
FREDERICK MALIBIRAN D.O., P.A.

Principal Place of Business	Mailing Address
8913 N. RIVER ROAD TAMPA, FL 33635	8913 N. RIVER ROAD TAMPA, FL 33635

03132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 11531 56TH STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State
Zip: 33617 Country: USA	Zip Country

4. FEI Number: 20-2780208 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALIBIRAN, FREDERICK
8913 N. RIVER ROAD
TAMPA, FL 33635

7. Name and Address of New Registered Agent

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] FREDERICK MALIBIRAN 3-24-06
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P MALIBIRAN, FREDERICK 8913 N. RIVER ROAD TAMPA, FL 33635	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/24/06 813 928-7178
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #