2008 FOR PROFIT CORPORATION

May 22, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000150294 05-22-2008 90021 044 ***150 00 RAFS OF DOTHAN, INC. Principal Place of Business Mailing Address 60043507 1002 W 23RD ST STE 400 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3801824 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIPPIN, LAURETTA J Street Address (P.O. Box Number is Not Acceptable) 1002 W 23RD ST STE 400 PANAMA CITY, FL 32405 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. Fam 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. n Delete HILE THILE Change ■ Addition BARR, JIMMY NAME NAME 1002 W 23RD ST., SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CHAPMAN, III, JOSEPH F NAME NAME STREET ADDRESS 1002 W 23RD ST., SUITE 400 STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP Delete THE TITLE Change Addition PIPPIN, LAURETTA J NAME NAME STREET ADDRESS 1002 W 23RD ST., SUITE 400 STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HENRY, ROBERT F III NAME 1002 W. 23RD STREET STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP ☐ Delete ☐ Change Addition Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eccenter or trusted 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, without other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Lauretta J. Pippin, Secretary

4/10/08

Date

(850) 769-8981

Daytime Phone if

FILED