2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 25, 2008 8:00 am Secretary of State

DOCUMENT # P0700063891 1. Entity Name MICHAEL W. LUSKO, D.O., P.A.						08-25-2008 9	90004 013	1 ***150	0.00
Principal Place of Business Mailing Address				l					
9824 SCOTT			9824 SCOTT MILL ROAD						
JACK2ONAIFI	.E, FL 32257 US	JACKSUNVILLE, FL 32	IACKSONVILLE, FL 32257 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08122008	Chg-P	CR2E034	1 (12/06)	
City & State		City & State	City & State		4. FEI Number 26-02			-	plied For t Applicable
Zip	Country Zip Coi		Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and A	Address of New R	egistered Ag	ent	
LUSKO, MICHAEL W				Name					
9824 SCOTT MILL ROAD JACKSONVILLE, FL :32257				Street Address (P.O. Box Number is Not Acceptable)					
0, (0.100)	, , , , , , , , , , , , , , , , , , ,								
			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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Fina Trust Fund Contribution.				.00 May Be ed to Fees	In accordance w corporation did r	vith s. 607.1 not receive	93(2)(b), the prior r	F.S., the sotice.	
10.	OFFICERS AND		: 11.	1	ADDITIONS/C	HANGES TO OFFI			
TITLE NAME	P, D LUSKO, MICHAEL W	☐ Delete	TITLE	ľ			L	Change	☐ Addition
STREET ADDRESS	9824 SCOTT MILL ROAD			ET ADDRESS					
CITY-ST-ZIP			-	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				l	Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			-	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE	l			ι	Change	Addition
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CITY-ST-ZIP	<u> </u>			-ST-ZIP				7.04	
TITLE NAME		☐ Delete	TITLE				Į.	☐ Change	Addition
STREET ADDRESS			•	ET ADDRESS					
CITY-ST-ZIP			CITY	-SI-ZIP				Change	☐ Addition
TITLE NAME		☐ Delete	NAM	I .			· ·	onerge	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP			ſ	☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAM	l			ı	— Anguye	☐ Vaniting
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-Z!P				-ST-ZIP	17- Ob	D-dd- C	f. also, and of		.taumati
12. Thereby	certify that the information supplied wit on this report or supplemental report	n trus tiling does not qualify f is true and accurate and that	or the ext	empuons contained	a «i Unapter i 19, same legal effect	as if made under o	normer certify path: that I am	r mar me ir nan officer	or director

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 are inflicated 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 are an officer or director of the corporation of 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 attackprent with an address, with all other like empowered.

SIGNATURE:

IRE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECT

8/12/08

(904)737-2314

Daytime Phone #