2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP NAME CITY-ST-ZIP NAME CITY-ST-ZIP	DOCUMENT # P07000077237 1. Entity Name FREDERICK L. KIECHLE, M.D., PH.D., P.A.						01-11-2008 9	900/2 013 ***130	0.00	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1042008 Chg-P CR2E034 (12/06)	5038 LAKEW	OOD DR	5038 LAKEWOOD DR				18 1811 1881 1888 KT88 181 181	11 11 1 11 1 11 1		
City & State City & State City	2. Principal Place of Business - No P.O. Box # 3. Mailing Addr			tress						
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional fee Required \$8.75 Additional fee Required fee	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01042008	Chg-P	CR2E034 (12/06)			
S. Certificate Status Desirable 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIECHLE, FREDERICK L S038 LAKEWOOD DR COOPER CITY, FL 33330 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE: FILE NOWILL FEE IS \$150,000 After May 1, 2008 Fee will be \$\$50.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CITIE PO MILE NAME SIREET ADDRESS CITY-S1-2P COOPER CITY, FL 33330 Design SIREET ADDRESS CITY-S1-2P ITIE Design SIREET ADDRESS CITY-S1-2P TITE Design Charge Addition Addi	City & State	9	<u> </u>		4. FEI Number)	-		
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Cour		Coun	itry			Fee Require		
Size Address (P.O. Box Number is Not Acceptable)	<u> </u>	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New F	Registered Agent		
SIZE LAKEWOOD DR COOPER CITY, FL 33330 City FL Zip Code	NIECHI E	EDENEBION I			Name					
B. The above named antity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE OFFICERS AND DIRECTORS Trust Fund Contribution. Delete Trust Fund Contribution. SIGNATURE PD COPERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SIGNATURE PD COOPER CITY, FL 333300 SIGNATURE SIGNATURE SIGNATURE Delete TILLE NAME SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD COOPER CITY, FL 333300 SIGNATURE SIGNAT	5038 LAKEWOOD DR				Street Address (P.O. Box Number is Not Acceptable)					
THE COUNTY FEE IS \$150.00 After May 1, 2008 Fee Will be \$550.00 10. OFFICERS AND DIRECTORS TILE PD (Change Addition Change Change Change Addition Change Change Change Addition Change Change Change Change Addition Change Change Change Addition Change Change Change Addition Change Change Change Change Change Change Change Change Addition Change Cha					City			FL Zip Cod	le	
Pille Name			or the purpose of changing its	s register	ed office or registe	ered agent, or both	n, in the State of Fl	orida. I am familiar with,	and accept	
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Delete	NAME	KIECHLE, FREDERICK L	☐ Delete	NAM	1E			☐ Change	☐ Addition	
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Thereby certify that the information supplied with this filing does not qualify for the example of the contained in Chapter 1915, related a statutes, indicate carried 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: Hiderich Z. Kiechle Frederick L. Kiechle signature and typed or printed name of signing officer or director

1/6/08 954-987-2020 045324