2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 14, 2008 08:00 AN Secretary of State **DOCUMENT # P92000014415** RAMA V. NATHAN, M.D., P.A. Principal Place of Business Mailing Address 820 S. BEA AVE 820 S. BEA AVE INVERNESS, FL 34452-3603 US INVERNESS, FL 34452-3603 US 02052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3160156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL INC. DO NOT WRITE 390 N. ORANGE AVENUE **SUITE 1100** IN THIS SPACE ORLANDO, FL 32801 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000858201 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 04/01/08-80036-001 150.00 10. OFFICERS AND DIRECTORS TITLE NAME NATHAN, RAMA V STREET ADDRESS 820 S. BEA AVENUE CITY-ST-ZIP INVERNESS, FL 34452 TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS

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 in 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP