2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED

Mar 06, 2007 8:00 am **Secretary of State** DOCUMENT # P93000043550 03-06-2007 90006 050 ***150.00 BASS & LIPENKO, M.D.S, P.A. Mailing Address Principal Place of Business 4728 N. HABANA AVE. 4728 N. HABANA AVE. SUITE 301 TAMPA FL 33614 SUITE 301 TAMPA FL 33614 2. Principal Place of Business - No P.O. Box # Mailing Address 4710 N. Haban 710 N Habana Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Soite Suite City & State 4. FEI Number Applied For City & State 59-3186941 Not Applicable ampa Tampe Country Zip \$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 renem Kemker MARKS, LEONARD H. Street Address (P.O. Box Number is Not Acceptable) 500 E KENNEDY BLVD **STE 200 TAMPA FL 33602** Suite 2700 8. The above named entity submits this statement for the purpose of changing its registered office or registered as ent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change ☐ Addition ШЦ Defete 100 Bass Edward Dr 4710 At Habany Ave # 200 BASS, EDWARD DR NAMI NAME 4728 M/ HABANA AVE. SUITE 301 STREET ADDRESS STREET ADDRESS **TAMPA FL 33614** CHY SI 702 Tampa FL 33614 Lipenko, Valery Or. 4-110 N. Habana Ave #200 **C**hange ■ Addition 1001☐ Delete ШЯ LIPENKO, VALERY DR MAM NAM 4728 N HABANA AVE 801 STRICT LADDRESS STREET ADORESS **TAMPA FL 33614** CHY-ST-7IP CHY SI ZIP Tampa FL 33614 ☐ Change ☐ Addition □ Delete 11111 NAME NAMI STREET LANDRESS STREET ADDRESS CITY-ST ZIP CITY ST ZIP ☐ Change Addition ☐ Delete NAMI STREET ADDRESS STREET LADORESS CHY ST ZIP CHY-S1-ZIP Delete Change Addition HHI NAME NAME STREET ADDRESS STREET LADDINESS CITY+ST ZIP CHY ST ZIP ☐ Change Addition TITLE ☐ Delete NAMI NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficie 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.

ING OFFICER OR DIRECTOR

FILED