2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 12, 2007 08:00 A Secretary of State DOCUMENT # P94000008517 STEPHEN M. BUTLER, M.D., P.A. Principal Place of Business Mailing Address 1602 W TIMBERLANE DR 1602 W TIMBERLANE DR PLANT CITY, FL 33567 PLANT CITY, FL 33567 01162007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3231713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUTLER, STEPHEN M DO NOT WRITE 1602 W TIMBERLANE PLANT CITY, FL 33567 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE BUTLER, STEPHEN M NAME 1602 WEST TIMBERLANE RD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 U00000661951 TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT! F DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP 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 a courage 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 attact the report of the receiver of the re

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED