2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF

GNING OFFICER OR DIRECTOR

Jan 12, 2006 08:00 AM Secretary of State DOCUMENT # P94000051621 1. Entity Name ERIC DIAMOND, Ph.D., P.A. Principal Place of Business Mailing Address 4131 NW 28 LN STE 6 4131 NW 28 LN STE 6 GAINESVILLE, FL 32606 US GAINESVILLE, FL 32606 US $\langle (x_1,x_2) \rangle = (x_1x_2 + x_2x_3 + x_3x_4 + x_4x_1) + (x_1x_2 + x_3x_2 + x_4x_3 + x_4x_4 + x_4x_3 + x_4x_4 +$ 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 59-3255945 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAMBERLAIN, STEVEN M DO NOT WRITE 1 SW FIRST AVENUE GAINESVILLE, FL 32601 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, 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 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 01/12/06-80016-011 150.00 10. TITLE DIAMOND, ERIC PHD PA. NAME STREET ADDRESS 4131 NW 28 LN STE 6 PITY-ST-7/P GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY -ST-ZIP 12. Thereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

FILED