2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000075867

Entity Name: SHORE'S MEDICAL, P.A.

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

346 N RIDGEWOOD 346 N RIDGEWOOD AVE

SUITE A SUITE A EDGEWATER, FL 32132 EDGEWATER, FL 32132

Current Mailing Address: New Mailing Address:

346 N RIDGEWOOD 346 N RIDGEWOOD AVE SUITE A SUITE A

EDGEWATER, FL 32132 EDGEWATER, FL 32132

FEI Number: 59-3342175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLE, SUSAN A

346 N RIDGEWOOD AVE
EDGEWATER, FL 32132 US

HOLE, SUSAN A DR
346 N RIDGEWOOD AVE
EDGEWATER, FL 32132 US

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.

SIGNATURE: SUSAN A HOLE 03/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

 Name:
 HOLE, SUSAN A
 Name:
 HOLE, SUSAN A DR

 Address:
 484 SWEET BAY AVE.
 Address:
 346 N RIDGEWOOD AVE

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32164
 City-St-Zip:
 EDGEWATER, FL 32132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN A HOLE PS 03/28/2006