
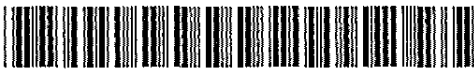
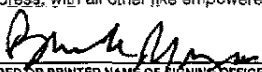


FILED
Jan 29, 2007 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P95000079243 1. Entity Name G. BROCK MAGRUDER, M.D., P.A.</div><div style="text-align: center;"></div></div>		Secretary of State	
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 1911 N. MILLS AVE. ORLANDO, FL 32803</div><div>Mailing Address 1911 N. MILLS AVE. ORLANDO, FL 32803</div></div>		 <div style="display: flex; justify-content: space-between; font-size: small;">01102007No Chg-PCR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; font-size: x-small;"><div>4. FEI Number 59-3347759</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; font-size: x-small;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MAGRUDER, G. BROCK 1085 PARK AVE. NORTH WINTER PARK, FL 32789		DO NOT WRITE 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 _____ <div style="display: flex; justify-content: space-between; font-size: xx-small;">Signature, typed or printed name of registered agent and title if applicable(NOTE: Registered Agent signature required when re-registering)</div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		100000608508 02/01/07-80017-003 150.00	
TITLE	NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS	1911 N. MILLS AVE.		
CITY- ST- ZIP	ORLANDO, FL 32803		
TITLE	NAME		
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME		
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME		
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME		
STREET ADDRESS	CITY- ST- ZIP		
TITLE	NAME		
STREET ADDRESS	CITY- ST- ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/23/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	