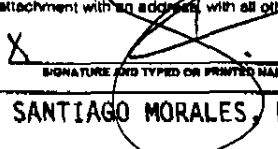


FILED**May 02, 2008 08:00 AM**
Secretary of State**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000091930		
1. Entity Name SANTIAGO MORALES, M.D., P.A.		
Principal Place of Business 3251 McMULLEN BOOTH RD 100 CLEARWATER, FL 34621 US		Mailing Address 3251 McMULLEN BOOTH RD 100 CLEARWATER, FL 34621 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ 1245 COURT STREET, SUITE 102 CLEARWATER, FL 34616		4. FEI Number 59-3345463 Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required
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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees U000000944850 05/28/08-80117-005 150 70
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORALES, SANTIAGO MD 2834 EAST LAKE TRAIL TARPON SPRINGS, FL 34689	
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 807, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SANTIAGO MORALES, M.D.		4-28-08 (727) 791-7882 Date Daytime Phone #