


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P96000017914 1. Entity Name JAMES E. LANG, M.D., P.A. |  |
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| Principal Place of Business 4800 NE 20TH TERR 115 FT LAUDERDALE, FL 33308 US | Mailing Address 4800 NE 20 TERR 115 FORT LAUDERDALE, FL 33308 US |
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01192007 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 65-0642257 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MCCRORY, J. WALTER ESQUIRE 1512 E. BROWARD BOULEVARD SUITE 200 FORT LAUDERDALE, FL 33301 |
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IN THIS SPACE**

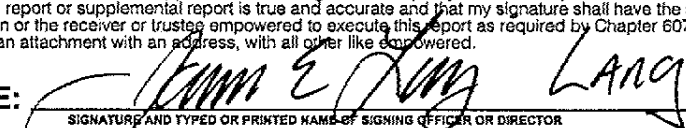
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE  | <i>error of J.E.L.</i> |  |
| <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |

| | | |
|---|---|---------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANG, JAMES E M.D. 4800 NE 20TH TERR, STE 115 FT. LAUDERDALE, FL 33308 |
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| 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:  | Lang | 1-26-07 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |