
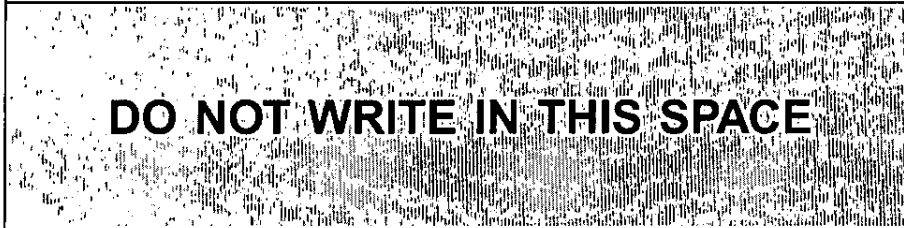


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000050946 1. Entity Name KATHERINE DALE GENTHER, M.D., P.A.	
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Principal Place of Business 8930 SW 115TH TERRACE MIAMI, FL 33176	Mailing Address 8930 SW 115TH TERRACE MIAMI, FL 33176
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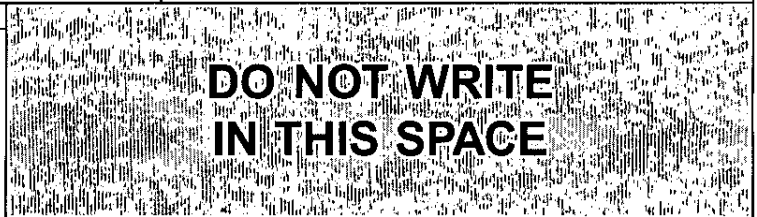


04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0681512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN E
 121 ALHAMBRA PLAZA STE 1000
 CORAL GABLES, FL 33134

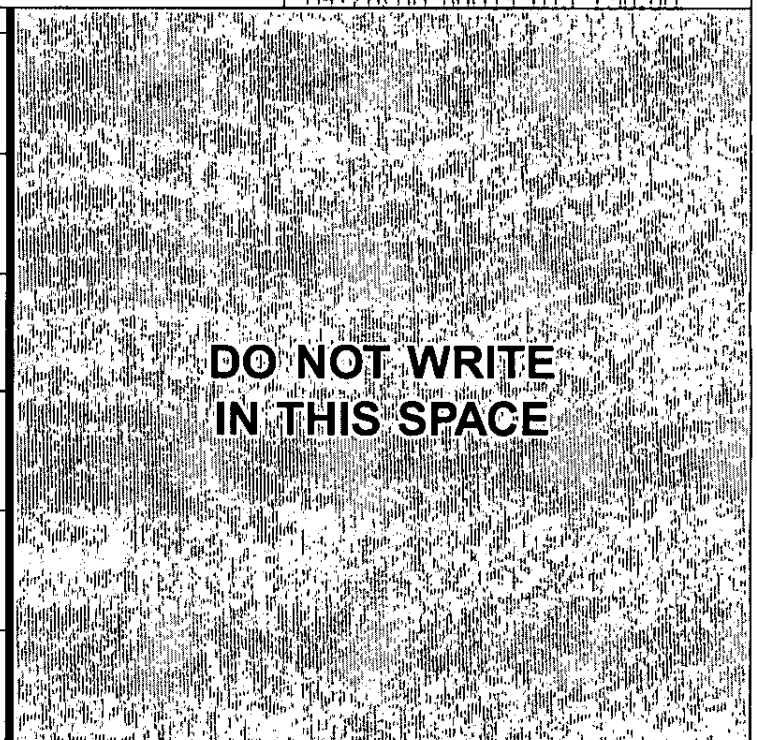


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000898864 04/28/08-80015-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GENTHER, KATHRINE D
STREET ADDRESS	8930 SW 115TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33176
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: Katherine Dale Genther, M.D., P.A. 4/8/08 (305) 275-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #