Sep. 4. 2007 12:01 CURRY LAW GROUP, P.A.

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State
09-13-2007 90001 030 ***150.00

DOCUMENT # P97000044121

1. Entity Name
MONTHER AL-HALAWANI, M.D., P.A.

Principal Place of Business	Mailing Address
214 SOUTH MOON AVENUE BRANDON, FL 33511	214 SOUTH MOON AVENUE BRANDON, FL 33511

50001771

09042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
214 South Moon Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANdon, FL	City & State
Zip: 33511 Country: USA	Zip Country

4. FEI Number 59-3446898 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CURRY, CLIFTON C JR
750 W LUMSDEN
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL-HALAWANI, MONTHER 214 SOUTH MOON AVENUE BRANDON, FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: M-H
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 500017771

CENTER FOR DIABETES
AND METABOLIC DISORDERS

Monther Halawani, M.D., P.A.

214 South Moon Avenue • Brandon, FL 33511
(813) 643-4722 • Fax (813) 651-3280

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2007 Profit Corporation Annual Report
Monther Al-Halawani, M.D., P.A.
Document No.: P97000044121

Dear Sir or Madam:

We inadvertently failed to file a 2007 Profit Corporation Annual Report as a result of the fact that we did not receive notification of same, apparently due to a breakdown with the U.S. Postal Service.

Consequently, enclosed is our check in the amount of $150.00 payable to the Department of State to cover the filing fee.

Thank you for your consideration. Please call me should you have any questions.

Sincerely,

Monther Al-Halawani, M.D.