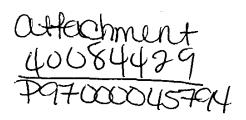
2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-17-2005 90016 033 ***150.00 DOCUMENT # P97000045794 CENTRAL PALM MEDICAL GROUP, INC. Principal Place of Business Mailing Address 4332 FOREST HILL BLVD. 4332 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 2. Principal Place of Business 3. Mailing Address 1905 CLINT MORE ROAD 905 CLINTHOORE Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 CR2E034 (10/03) Cha-P 308 308 City & State 4. FEI Number Applied For BOCA RATUN E1 BOCA 65-0775042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 334 96 usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ETTEDGUI, DANIEL 7505 LONDON LANE Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33433 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 9. Election Campaign Financing \$5.00 May Be FILE NOWII! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ETTEDGUI, DANIEL NAME 7505 LONDON LANE STREET ADDRESS STREET ADORESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: _ F SIGNING OFFICER OR DIRECTOR

FILED

May 17, 2005 8:00 am Secretary of State



Central Palm Medical Group

DANIEL ETTEDGUI, D.O. JASON A. CLEVELAND, D.C.

May 9, 2005

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

To Whom It May Concern:

I am writing to request a short grace period for the filing of our corporate return. At the beginning of this calendar year, we sold this business under an asset purchase agreement. Unfortunately, we did not receive our notice of annual report due. Since our mail was being processed by the new owner, there was confusion at times as to which party the mail pertained to.

We would really appreciate your consideration in this matter. Any questions or issues can be directed to my administrator, Debbie Myers at (561) 912-9580, ext 103.

Sincerely.

Daniel Ettedgui, D.O.