2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 08:00 AM DOCUMENT # P97000059923 Secretary of State 1. Entity Name BRUCE P. DORMAN, M.D. P.A. Principal Place of Business Mailing Address 300 RIVERSIDE DR. E., STE. 2400 300 RIVERSIDE DR. E., STE. 2400 BRADENTON, FL 34208 BRADENTON, FL 34208 01252007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0766854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DORMAN, LORI M DO NOT WRITE 601 12TH STREET W. BRADENTON, FL 34205 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 little if applicable. INOTE: Renistered Apent signature required when reinstation) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME DORMAN, BRUCE P MD STREET ADDRESS 300 RIVERSIDE DR E STE 2400 CITY-ST-ZIP BRADENTON, FL 34208 __U00000616236 02/07/07-80021-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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,

SIGNATURE: 1

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR