


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90021 003 ***150.00

DOCUMENT # P97000087821

1. Entity Name
PRORENATA, INC.



Principal Place of Business
**2700 SOUTH TAMiami TRAIL
 SUITE 2
 SARASOTA, FL 34239**

Mailing Address
**P.O. BOX 15154
 SARASOTA, FL 34277-5154**



06052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0798497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALD, SHELDON G.
 2700 S TAMiami TRAIL
 STE #2
 SARASOTA, FL 34239**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE SD	
NAME WIENER, STANLEY M MD	
STREET ADDRESS 2700 SOUTH TAMiami TRAIL	
CITY-ST-ZIP SARASOTA, FL 34239	
TITLE PD 5	
NAME WALD, SHELDON G.	
STREET ADDRESS 2700 S TAMiami TRAIL	
CITY-ST-ZIP SARASOTA, FL 34239	
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:  **6/11/07 941 366122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #