2006 FOR PROFIT CORPORATION ANNUAL REPORT

GNATURE:

Jan 23, 2006 08:00 AM Secretary of State OCUMENT # P98000005837 ARY ALAN PARRISH, M.D., P.A. icipal Place of Business Mailing Address **111 SAND PINES ESTATES BLVD** 1512 \$ ORANGE AVE (LANDO, FL 32819 US ORLANDO, FL 32806 US 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3493296 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RRISH, GARY DO NOT WRITE 12 S ORANGE AVE RLANDO, FL 32806 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Apent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 1100000398507 \Box Trust Fund Contribution. Added to Fees 01/30/06-80097-019 150.00 OFFICERS AND DIRECTORS PARRISH, GARY A M.D. 6111 SAND PINE ESTATES BLVD. ORLANDO, FL 32819 ET ADDRESS STEZIP ELADDRESS DO NOT WRITE -31-21P IN THIS SPACE LLADORESS -31-212 ลืออกยรร 51-7X 31 ZIP 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 cath, that I am an officer or director at 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 the production of the receiver with an address, with all other like empowered.

FILED

Davime Phone #