2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 17, 2006 08:00 AM Secretary of State DOCUMENT # P98000006077 JOHN FRANCIS O'BRIEN, M.D., P.A. Principal Place of Business Mailing Address 1804 MERRITT PARK DR. 1512 S ORANGE AVE ORLANDO, FL 32803 US ORLANDO, FL 32806 US 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3493306 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'BRIEN, JOHN MD DO NOT WRITE 1512 S ORANGE AVE ORLANDO, FL 32806 IN THIS SPACE 3. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 1D. OFFICERS AND DIRECTORS TITLE O'BRIEN, JOHN F M.D. 1804 MERRITT PARK DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 000000387588 01/19/06-80045-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP 71715 IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP BILL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 807, 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.

URE AND DIPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #