2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 01-26-2006 90037 016 ***150.00 **DOCUMENT # P98000010629** 1. Entity Name NEIL H. MERKATZ, M.D., P.A. Principal Place of Business Mailing Address 8241 SOUTH U.S. 1 8241 SOUTH U.S. 1 PORT SAINT LUCIE, FL 34952 PORT SAINT LUCIE, FL 34952 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0812396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MERKATZ, NEIL H MD DO NOT WRITE 8241 SOUTH U.S. 1 PORT SAINT LUCIE, FL 34952 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MERKATZ, NEIL H MD 6956 SOUTHWEST WOODBINE WAY STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP TITLE MERKATZ, LYNDA NAME 6956 SOUTHWEST WOODBINE WAY STREET ADDRESS CITY-ST-7IP PALM CITY, FL 34990 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST: ZIP THIE NAME STREET ADDRESS CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 26, 2006 8:00 am