2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 14, 2006 8:00 am Secretary of State DOCUMENT # P99000006218 08-14-2006 90036 034 ***550.00 1. Entity Name JAMES D. DAUGHTRY, M.D. P.A. Principal Place of Business Mailing Address 3345 BURNS RD 3345 BURNS RD 50025168 SUITE 105 SUITE 105 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address 210 Jupiter Lakes Blvd. 210 Jupiter Lakes Blvd. Suite, Apt. #, etc. B186. #3000, Ste. 201 08032006 Chg-P CR2E034 (11/05) Bldg. 3000, Ste. 201 City & State City & State 4. FEi Number Applied For 65-0890163 Not Applicable Jupiter Jupiter Country USA Country Zip 33458 Zip 33458 \$8.75 Additional 5. Certificate of Status Desired ÚSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Daughtry, James D., M.D. DAUGHTRY, JAMES D.M.D. Street Address (P.O. Box Number is Not Acceptable) 210 Jupiter Lakes Blvd. 3345 BURND RD **SUITE 105** PALM BEACH GARDENS, FL 33410 Bldg. 3000, Ste: 201 Zip Code # 2 33458 City Jupiter 8. The above named entity submits this pHor the purpose of changing its registered office or registered agent, or both, in the State of Florida. iliar with, and accept the obligations of registered agent SIGNATURE red when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Pres. PD Change TITLE ☐ Delete TITLE ☐ Addition DAUGHTNY, JAMES NAME NAME Daughtry, James D. STREET ADDRESS 3345 BURNS RD. # 105 STREET ADDRESS 210 Jupiter Lakes Blvd., Bldg. 3000 Jupiter, FL 33458 Ste. 201 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied with this limit does not quality for the exemptions contained in chapter 119, Florida Statutes. Further certify that the information indicated on this report or suppliemental peoprt 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.

FILED