| 2007 FOR PROFIT CORPORATION<br>ANNUAL REPORT                             |  |  |   | FILED<br>Apr 25, 2007 08:00 AN   |   |   |   |
|--|--|--|---|--|---|---|---|
| DOCUMENT # P99000064017<br>1. Entity Name<br>BRENT DENLEY, D.O., P.A.    |  | 017  |   |  | Secretary of State  |   |   |
| 752 HARRIS   | ce of Business<br>ON AVENUE<br>Y, FL 32401   | Mailing Address<br>752 HARRISON AVENUE<br>PANAMA CITY, FL 32401  |   |  |   |   |   |
| DO NOT WRITE IN THIS SPAC  |  |  |   | CR2E034 (11/05) 4. FEI Number 59-3592418 5. Certificate of Status Desired 5. Certificate of Status Desired |   |   |   |
| 752 HARF   | 6. Name and Address of Current R<br>BRENT D.O.<br>RISON AVENUE<br>CITY, FL 32401   | egistered Agent  |   |  | NOT WF<br>HIS SP/   |   | н <u>.</u>  |
|  | a named entity submits this statement for<br>tions of registered agent.<br>Signature, typed or printed name of registered agent an   |  | red office or register<br>ad Agent signature required             | ,.<br>   | n, in the State of Florid   | ta. I am familia<br>DATE                                  | r with, and accept  |
| After M  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.0   |  |   | .00 May Be<br>ed to Fees   |   |   |   |
| 10.<br>TIJLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                | OFFICERS AND D<br>DPST<br>DENLEY, BRENT D.O.<br>752 HARRISON AVE.<br>PANAMA CITY, FL 32401.  | IRECTORS   | 1   |  |   |   |   |
| ITLE<br>IAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            |  |  |   |  | 000000<br>05/08/07-   | )728656<br>•80006-0                                       | 15 150.00   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST-ZIP                          |  | · ·  |   |  | NOT WF  |   | 2   |
| NTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            |  |  |   | IN I   | HIS SP  | ACE   |   |
| ITLE<br>IAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        |  |  | -   |  |   |   |   |
| ITLE<br>IAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            |  |  |   | •••••  |   |   |   |
| <ol> <li>I hereby of<br/>indicated<br/>of the con<br/>changed</li> </ol> | certify that the information supplied with th<br>on this report or supplemental report is t<br>rporation or the receiver or trustee empow<br>, or on an attachment with an address, wi | his filing does not qualify for the ex<br>rue and accurate and that my signa<br>vered to execute this report as requ<br>th all other like empowered. | emptions contained<br>iture shall have the<br>ired by Chapter 607 | i in Chapter 119,<br>same legal effect<br>, Florida Statutes   | Florida Statutes. I fun<br>as if made under oat<br>; and that my name a | ther certify that<br>h; that I am an (<br>ppears in Block | t the information<br>officer or director<br>< 10 or Block 11 if |