


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90021 021 ***150.00

DOCUMENT # P99000095595	
1. Entity Name HOLLIDAY, DOLGIN & DONNELLY HOLDINGS, INC.	


Principal Place of Business 4700 N. HABANA AVE., STE. #602 TAMPA, FL 33614	Mailing Address 4700 N. HABANA AVE., STE. #602 TAMPA, FL 33614
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2. Principal Place of Business - No P.O. Box #200 4714 N. ARMENIA AVE	3. Mailing Address 4714 N. ARMENIA AVE
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33603	Country USA

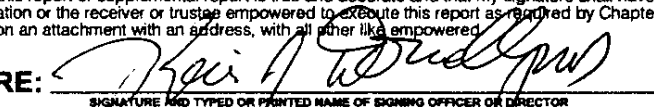
6. Name and Address of Current Registered Agent GIBBONS, TUCKER, MILLER, WHATLEY & STEIN 101, E. KENNEDY BLVD., STE. 1000 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent Name SANFORD R. DOLGIN, M.D. Street Address (P.O. Box Number is Not Acceptable) 4714 N. ARMENIA AVE #200 City TAMPA FL Zip Code 33603	
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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. SIGNATURE:  DATE: 2/20/2007 <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLGIN, SANFORD R 4700 N. HABANA AVE., STE. #602 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLGIN, SANFORD R 4714 N. ARMENIA AVE #200 TAMPA FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, KEVIN J 4700 N. HABANA AVE., STE. #602 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, KEVIN J 4714 N. ARMENIA AVE #200 TAMPA, FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  DATE: 2/20/2007 (813) 872-8794 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>