


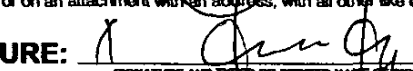


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90235 008 ***150.00

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # S33374 1. Entity Name DR. LAWRENCE PRECIPUO, P.A.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 4956 LE CHALET BLVD. SUITE 15 BOYNTON BEACH, FL 33436</div><div>Mailing Address 4956 LE CHALET BLVD. SUITE 15 BOYNTON BEACH, FL 33436</div></div>		<div style="text-align: right;">Secretary of State 05-03-2006 90235 008 ***150.00</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">04282006No Chg-PCR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number 65-0250713</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>												
DO NOT WRITE IN THIS SPACE														
<div style="width:50%; vertical-align: top;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">6. Name and Address of Current Registered Agent Precipuo, LAWRENCE 4956 LE CHALET BLVD Suite 15 Boynton Beach, FL 33436</div><div style="border: 1px solid black; padding: 5px;">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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div style="text-align: right;">(NOTE: Registered Agent signature required when reinstating) 4/30/06 <small>DATE</small></div></div></div></div> <div style="width:50%; vertical-align: top; text-align: center;"><div style="font-size: 2em; margin-bottom: 20px;">DO NOT WRITE IN THIS SPACE</div><div style="border: 1px solid black; padding: 10px; margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></div><div>\$5.00 May Be Added to Fees</div></div></div></div>														
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">10. OFFICERS AND DIRECTORS</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:70%;">P PRECIPUO, DR. LAWRENCE 4956 LE CHALET BLVD #15 BOYNTON BEACH, FL 33436</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRECIPUO, DR. LAWRENCE 4956 LE CHALET BLVD #15 BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="font-size: 2em; margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div>
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<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">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.</div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;">4/30/06 <small>Date</small></div><div style="text-align: right;"><small>Daytime Phone #</small></div></div>														