2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# F70514

Entity Name: ADAM S. PLOTKIN, M.D., P.A.

Current Principal Place of Business:

5210 LINTON BLVD., #307
DELRAY BEACH, FL 33484

New Principal Place of Business:

5210 LINTON BLVD.
SUITE 307
DELRAY BEACH, FL 33484

Current Mailing Address:

5210 LINTON BLVD.
SUITE 307
DELRAY BEACH, FL 33484 US

New Mailing Address:

5210 LINTON BLVD.
SUITE 307
DELRAY BEACH, FL 33484

FEI Number: 59-2188091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PLOTKIN, ADAM S
5210 LINTON BLVD.
SUITE 307
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD
Name: PLOTKIN, ADAM S M.D.
Address: 5210 LINTON BLVD., #307
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP
Name: STEIN, RONNIT H M.D.
Address: 5210 LINTON BLVD., SUITE 307
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADAM S. PLOTKIN, M.D. STD 01/06/2010

Electronic Signature of Signing Officer or Director — Date