2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# M00536

Entity Name: ADIB ANTOINE CHIDIAC M.D., P.A.

Current Principal Place of Business:

2100 EAST SAMPLE RD
201
LIGHTHOUSE, FL 33064

New Principal Place of Business:

2100 EAST SAMPLE RD
201
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

2100 EAST SAMPLE RD
201
LIGHTHOUSE, FL 33064

New Mailing Address:

2100 EAST SAMPLE RD
201
LIGHTHOUSE POINT, FL 33064

FEI Number: 59-2411629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIDIAC, ADIB ANTOINE
2100 E. SAMPLE RD, SUITE 201
LIGHTHOUSE, FL 33064 US

Name and Address of New Registered Agent:

CHIDIAC, ADIB ANTOINE
2100 E. SAMPLE RD
SUITE 201
LIGHTHOUSE POINT, FL 33064 US

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: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: CHIDIAC, ADIB ANTOINE
Address: 2100 E. SAMPLE RD, SUITE 201
City-St-Zip: LIGHTHOUSE, FL 33064

Title: S ( ) Delete
Name: GARULLI-CHIDIAC, RITA
Address: 2100 E. SAMPLE RD, SUITE 201
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: CHIDIAC, ADIB ANTOINE
Address: 2100 E. SAMPLE RD, SUITE 201
City-St-Zip: LIGHTHOUSE, FL 33064

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADIB ANTOINE CHIDIAC PSD 04/29/2009
Electronic Signature of Signing Officer or Director — Date