2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# N04000002700

Entity Name: PHYSICIANS' FOUNDATION FOR HEALTH SYSTEMS EXCELLENCE, INC.

Current Principal Place of Business:

C/O FLORIDA MEDICAL ASSOCIATION
123 ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

C/O FLORIDA MEDICAL ASSOCIATION
123 ADAMS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-0914085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KNIGHT, JOHN M
Address: 123 ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: GOODMAN, LOUIS J
Address: 123 ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: BRAUD, LAWRENCE
Address: 123 ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: PLUMMER, ALAN
Address: 123 ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: NORBECK, TIMOTHY B
Address: 123 ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: HANDORF, CHARLES R
Address: 123 ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change ( ) Addition
Name: MAHON, WILLIAM F
Address: 123 ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. MAHON MR 03/07/2006

Electronic Signature of Signing Officer or Director — Date