2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 11, 2009
Secretary of State

DOCUMENT# P02000120926

Entity Name: FAMILY HEALTH CARE OF CELEBRATION, P.A.

Current Principal Place of Business:

410 CELEBRATION PLACE STE 206
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

410 CELEBRATION PLACE STE 206
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 13-4215418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WURSTER, RALPH M D.O.
410 CELEBRATION PLACE STE 206
CELEBRATION, FL 34747 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: RALPH M. WURSTER

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WURSTER, RALPH M
Address: 400 CELEBRATION PLACE STE A140
City-St-Zip: CELEBRATION, FL 34747

Title: VS ( ) Delete
Name: WURSTER, CARMEN L
Address: 400 CELEBRATION PLACE STE A140
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D.O (X) Change ( ) Addition
Name: WURSTER, RALPH M
Address: 410 CELEBRATION PLACE STE 206
City-St-Zip: CELEBRATION, FL 34747

Title: VS (X) Change ( ) Addition
Name: WURSTER, CARMEN L
Address: 410 CELEBRATION PLACE STE 206
City-St-Zip: CELEBRATION, FL 34747

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: RALPH M. WURSTER D.O. 05/11/2009

Electronic Signature of Signing Officer or Director — Date