2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P03000005143

Entity Name: PHY AMERICA MEDICAL CONSULTING, INC.

Current Principal Place of Business:

154 LOOKOUT PT. DR
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

154 LOOKOUT PT. DR
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 02-0664032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, FRANCES G ESQ
901 VENETIA BAY BLVD
357
VENICE, FL 34285 US

Name and Address of New Registered Agent:

COOPER, FRANCES G ESQ
901 VENETIA BAY BLVD
240
VENICE, FL 34285 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: _____ 01/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: MASON, JOHN
Address: 154 LOOKOUT POINT
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MASON, CLAUDE J
Address: 154 LOOKOUT POINT
City-St-Zip: OSPREY, FL 34229

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: CLAUDE J MASON DR 01/21/2009
Electronic Signature of Signing Officer or Director — Date