2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004
Secretary of State

DOCUMENT# P99000080306

Entity Name: NORTHPOINT MEDICAL, P.A.

Current Principal Place of Business:

6405 N FEDERAL HWY
STE 205
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6405 N FEDERAL HWY
STE 205
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0947318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRALICH, TODD A MD
6405 N FEDERAL HWY
STE 205
FORT LAUDERDALE, FL 33308

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

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: P ( ) Delete
Name: FRALICH, TODD MD
Address: 6405 N FEDERAL HWY STE 205
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TODD FRALICH MD P 07/19/2004

Electronic Signature of Signing Officer or Director — Date