2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2005
Secretary of State

DOCUMENT# P04000153630

Entity Name: PEDIATRIC & ADULT INTERNAL MEDICINE SPECIALISTS, P.A.

Current Principal Place of Business:

14687 INDIGO LAKES CIRCLE
NAPLES, FL

New Principal Place of Business:

2459 E. NORVELL BRYANT HWY
HERNANDO, FL 34442

Current Mailing Address:

14687 INDIGO LAKES CIRCLE
NAPLES, FL

New Mailing Address:

PO BOX # 2066
LECANTO, FL 34460

FEI Number: 56-2498335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST. MARTIN, DACELIN MD
14687 INDIGO LAKES CIRCLE
NAPLES, FL US

Name and Address of New Registered Agent:

ST. MARTIN, DACELIN MD
14687 INDIGO LAKES CIRCLE
NAPLES, FL 34119 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: 07/10/2005
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: PD ( ) Delete
Name: ST. MARTIN, DACELIN MD
Address: 14687 INDIGO LAKES CIRCLE
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ST. MARTIN, DACELIN MD
Address: PO BOX 2066
City-St-Zip: LECANTO, FL 34460

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: DACELIN ST. MARTIN MD 07/10/2005
Electronic Signature of Signing Officer or Director — Date