2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 15, 2006
Secretary of State

DOCUMENT# K23722

Entity Name: SCOTT D. SMOLLER, M.D., P.A.

Current Principal Place of Business:

260 SW 84TH AVENUE
SUITE D
PLANTATION, FL 33324

New Principal Place of Business:

180 SW 84TH AVENUE
SUITE C
PLANTATION, FL 33324

Current Mailing Address:

260 SW 84TH AVENUE
SUITE D
PLANTATION, FL 33324

New Mailing Address:

180 SW 84TH AVENUE
SUITE C
PLANTATION, FL 33324

FEI Number: 65-0063092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOBEL, STUART H.
%SIEGFRIED RIVERA/LERNER DELA TORRE
201 ALHAMBRA CIRCLE STE 1102
CORAL GABLES, FL 33134 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: DR. ( ) Delete
Name: SMOLLER, SCOTT D.,
Address: 260 SW 84TH AVENUE, SUITE D
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: SMOLLER, SCOTT D.,
Address: 180 SW 84TH AVENUE, SUITE C
City-St-Zip: PLANTATION, FL 33324 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT D. SMOLLER DR 06/15/2006

Electronic Signature of Signing Officer or Director — Date