2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N94000000328

Entity Name: FLORIDA STATE ORIENTAL MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

205 WALNUT ST
UPPER
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

205 WALNUT ST
NEPTUNE BEACH, FL 32266 US

Current Mailing Address:

PO BOX 331097
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 65-0456501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, LORRY S M.ED
205 WALNUT ST
UPPER
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

DAVIS, LORRY S M.ED
205 WALNUT ST
NEPTUNE BEACH, FL 32266 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: _____ 01/14/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SEAR, AMY J
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: VP ( ) Delete
Name: HUTCHISON, PATTY
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S ( ) Delete
Name: SAYERS DE FUNES, LENORE
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T ( ) Delete
Name: BARNETT, JOHN
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: CLANCY, MELODY
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233

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

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

SIGNATURE: LORRY S. DAVIS EX D 01/14/2008
Electronic Signature of Signing Officer or Director — Date