2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# 479417

Entity Name: MEDICAL SPECIALISTS OF FORT LAUDERDALE, P.A.

Current Principal Place of Business:

3444 N UNIVERSITY DR
SUNRISE, FL 33351

New Principal Place of Business:

8395 W. OAKLAND PARK BLVD
SUNRISE, FL 33351

Current Mailing Address:

DAVID RASKIN M.D.
3444 N. UNIVERSITY DR, SUNRISE TOWN CTR
SUNRISE, FL 33351

New Mailing Address:

DAVID RASKIN M.D.
8395 W. OAKLAND PARK BLVD.
SUNRISE, FL 33351

FEI Number: 59-1593999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RASKIN, DAVID B
3444 N UNIVERSITY DR
SUNRISE TOWN CETER
FORT LAUDERDALE, FL 33351 US

Name and Address of New Registered Agent:

RASKIN, DAVID B
8395 W. OAKLAND PARK BLVD
SUNRISE, FL 33351 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: _____ 07/05/2005
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: RASKIN, DAVID,
Address: 3444 N UNIVERSITY DR
City-St-Zip: FORT LAUDERDALE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RASKIN, DAVID,
Address: 8395 WEST OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

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: DAVID B. RASKIN PD 07/05/2005
Electronic Signature of Signing Officer or Director — Date