2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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Entity Name: RUFFOLO, HOOPER & ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

5439 E BEAUMONT CENTER
TAMPA, FL 33634 US

New Principal Place of Business:

4511 WOODLAND CORPORATE BOULEVARD
300
TAMPA, FL 33614-242 US

Current Mailing Address:

5439 E BEAUMONT CENTER
TAMPA, FL 33634 US

New Mailing Address:

4511 WOODLAND CORPORATE BOULEVARD
300
TAMPA, FL 33614-242 US

FEI Number: 59-1723249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALISH, WILLIAM ESQ
KALISH & WARD
4100 BARNETT PLAZA,101 E KENNEDY BLVD
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

KALISH, WILLIAM ESQ
AKERMAN SENTERFITT
100 SOUTH ASHLED DRIVE SUITE 1500
TAMPA, FL 33601 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: 04/30/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROWARSKY, IRWIN L
Address: 14024 LAKE BLUFF COURT.
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete
Name: PAUTLER, KEITH B.
Address: 6325 MAC LAURIN DRIVE
City-St-Zip: TAMPA, FL

Title: VP ( ) Delete
Name: STONESEFER, KURT J M.D.
Address: 16201 SENTRY WOODS COURT
City-St-Zip: ODESSA, FL 33556

Title: S ( ) Delete
Name: MCCALL, JANICE B M.D.
Address: 2103 ARBOR OAKS DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BROWARSKY, IRWIN L M. D.
Address: 14024 LAKE BLUFF COURT.
City-St-Zip: TAMPA, FL 33624 US

Title: T (X) Change ( ) Addition
Name: STONESIFER, KURT J M. D.
Address: 16201 SENTRY WOODS COURT
City-St-Zip: ODESSA,, FL 33556 US

Title: VP (X) Change ( ) Addition
Name: GONZALVO, AMERICO A M.D.
Address: 84 MARTINIQUE AVENUE
City-St-Zip: TAMPA,, FL 336060 US

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: IRWIN L. BROWARSKY, M. D. P 04/30/2002
Electronic Signature of Signing Officer or Director — Date