2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# 556310

Entity Name: STEPHEN B. MAZER, M.D., P.A.

Current Principal Place of Business:

2467 ENTERPRISE RD STE C
CLEARWATER, FL 33763

New Principal Place of Business:

1501 NORTH BELCHER ROAD
SUITE 199
CLEARWATER, FL 33765

Current Mailing Address:

2467 ENTERPRISE RD STE C
CLEARWATER, FL 33763

New Mailing Address:

1501 NORTH BELCHER ROAD
SUITE 199
CLEARWATER, FL 33765

FEI Number: 59-1839341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZER, STEPHEN B
2467 ENTERPRISE RD STE C
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

MAZER, STEPHEN B
1501 NORTH BELCHER ROAD
SUITE 199
CLEARWATER, FL 33765 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: 01/12/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAZER, STEPHEN B,
Address: 3155 ROLLINGSWOODS DR
City-St-Zip: PALM HARBOR, FL 34863

Title: PT ( ) Delete
Name: MAZER, STEPHEN B,
Address: 3155 ROLLIGNWOODS DR
City-St-Zip: PALM HARBOR, FL 34863

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: STEPHEN B. MAZER, M.D. DR 01/12/2007
Electronic Signature of Signing Officer or Director — Date