2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 27, 2007
Secretary of State

DOCUMENT# 633330

Entity Name: EUGENE B. WOLCHOK M.D., P.A.

Current Principal Place of Business:

3636 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

3636 UNIVERSITY BLVD. SOUTH
SUITE A-2
JACKSONVILLE, FL 32216

Current Mailing Address:

3636 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

3636 UNIVERSITY BLVD. SOUTH
SUITE A-2
JACKSONVILLE, FL 32216

FEI Number: 59-1928326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLCHOK, EUGENE B.
3636 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

WOLCHOK, EUGENE B.
3636 UNIVERSITY BLVD. SOUTH
SUITE A-2
JACKSONVILLE, FL 32216 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: 11/27/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOLCHOK, EUGENE B.,
Address: 3636 UNIV BLVD S.
City-St-Zip: JACKSAONVILLE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V ( ) Change (X) Addition
Name: WOLCHOK, STEPHEN M
Address: 3636 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: V ( ) Change (X) Addition
Name: WOLCHOK, BRENDA R
Address: 3636 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

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

SIGNATURE: EUGENE B WOLCHOK PD 11/27/2007
Electronic Signature of Signing Officer or Director — Date