2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 657783

Entity Name: OSVALDO CONTARINI, M.D., P.A.

Current Principal Place of Business:

3636 UNIVERSITY BLVD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

3636 UNIVERSITY BLVD SOUTH
BLDG. B
JACKSONVILLE, FL 32216 US

Current Mailing Address:

6320 WOODVALLEY RD
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-1970543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTARINI, OSVALDO, M.D.
3636 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

CONTARINI, OSVALDO, M.D.
3636 UNIVERSITY BLVD SOUTH
BLDG. B
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: 02/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CONTARINI, OSVALDO,
Address: 3636 UNIVERSITY BLVD S.
City-St-Zip: JACKSONVILLE, FL

Title: STD ( ) Delete
Name: CONTARINI, ARACELIS,
Address: 3636 UNIVERSITY BLVD S.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CONTARINI, OSVALDO,
Address: 3636 UNIVERSITY BLVD S. BLDG. B
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: STD (X) Change ( ) Addition
Name: CONTARINI, ARACELIS,
Address: 3636 UNIVERSITY BLVD S. BLDG. B
City-St-Zip: JACKSONVILLE, FL 32216 US

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: ARACELIS S. CONTARINI STD 02/16/2009
Electronic Signature of Signing Officer or Director — Date