2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# 754368

Entity Name: PUNTA GORDA MEDICAL ARTS CENTER ASSOCIATION, INC.

Current Principal Place of Business:

713 E MARION AVE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

5811 PELICAN BAY BOULEVARD, SUITE 500
GENERAL COUNSEL -TIMOTHY R PARRY
NAPLES, FL 34108 US

New Mailing Address:

5811 PELICAN BAY BOULEVARD, SUITE 500
ATTN: LEGAL DEPT
NAPLES, FL 34108 US

FEI Number: 65-0107274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PUTTER, JOSHUA S
2500 HARBOR BOULEVARD
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

PUTTER, JOSHUA S
5811 PELICAN BAY BOULEVARD
NAPLES, FL 34108 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: _____ 04/17/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: PUTTER, JOSHUA
Address: 2500 HARBOR DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete
Name: ZWETSCHKENBAUM, MICHAEL
Address: 809 E MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD ( ) Delete
Name: NURKIN, BRADLEY K
Address: 809 E MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD ( ) Delete
Name: PARRY, TIMOTHY R
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: PUTTER, JOSHUA
Address: 5811 PELICAN BAY BOULEVARD, SUITE 500
City-St-Zip: NAPLES, FL 34108

Title: T (X) Change ( ) Addition
Name: TIBBETT, CHERYL L
Address: 809 E MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

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

SIGNATURE: TIMOTHY R. PARRY SD 04/17/2008
Electronic Signature of Signing Officer or Director — Date