2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# F02000001058

Entity Name: M. PATRICK COLLINI, M.D., P.A.

Current Principal Place of Business:

P.O. BOX 120549
ARLINGTON, TX 76012

New Principal Place of Business:

309 REGENCY PKWY., SUITE 103
MANSFIELD, TX 76063

Current Mailing Address:

P.O. BOX 120549
ARLINGTON, TX 76012

New Mailing Address:

FEI Number: 75-2888140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARUNIAK, NICHOLAS A M.D.
1314 SUMTER STREET, SUITE 5
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSCD ( ) Delete
Name: COLLINI, M. PATRICK M.D.
Address: 1001 WALDROP DRIVE, SUITE 708
City-St-Zip: ARLINGTON, TX 76012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: M. PATRICK COLLINI, MD PSCD 02/06/2009

Electronic Signature of Signing Officer or Director — Date