2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2011
Secretary of State

DOCUMENT# F07846

Entity Name: JAX OB-GYN, P.A.

Current Principal Place of Business:

%UNITED PROFESSIONAL BLDG.
4123 UNIVERSITY BLVD.,S. SUITE #D
JACKSONVILLE, FL 32216

New Principal Place of Business:

UNITED PROFESSIONAL BLDG.
4123 UNIVERSITY BLVD.,S. SUITE #D
JACKSONVILLE, FL 32216

Current Mailing Address:

%UNITED PROFESSIONAL BLDG.
4123 UNIVERSITY BLVD.,S. SUITE #D
JACKSONVILLE, FL 32216

New Mailing Address:

UNITED PROFESSIONAL BLDG.
4123 UNIVERSITY BLVD.,S. SUITE #D
JACKSONVILLE, FL 32216

FEI Number: 59-2045056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHOSRAVI, HORMOZ
4123 UNIVERSITY BLVD. S.
SUITE D
JACKSONVILLE, FL 32216 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

OFFICERS AND DIRECTORS:

Title: PS
Name: KHOSRAVI, HORMOZ
Address: 4123 UNIVERSITY BLV S D
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: HKHOSRAVI D 04/17/2011

Electronic Signature of Signing Officer or Director — Date