2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# F08000001513

Entity Name: WELLMED NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

8637 FREDERICKSBURG ROAD, SUITE 400
SAN ANTONIO, TX 78240

New Principal Place of Business:

8637 FREDERICKSBURG ROAD
SUITE 400
SAN ANTONIO, TX 78240

Current Mailing Address:

8637 FREDERICKSBURG ROAD, SUITE 400
SAN ANTONIO, TX 78240

New Mailing Address:

8637 FREDERICKSBURG ROAD
SUITE 400
SAN ANTONIO, TX 78240

FEI Number: 35-2314192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CV ( ) Delete
Name: RAPIER, GEROGE M III
Address: 8637 FREDERICKSBURG ROAD, SUITE 400
City-St-Zip: SAN ANTONIO, TX 78240

Title: DST ( ) Delete
Name: NUGENT, F. TERRANCE M.D.
Address: 8637 FREDERICKSBURG ROAD, SUITE 400
City-St-Zip: SAN ANTONIO, TX 78240

Title: P ( ) Delete
Name: COMRIE, DAN
Address: 8637 FREDERICKSBURG ROAD, SUITE 400
City-St-Zip: SAN ANTONIO, TX 78240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: RAPIER, GEROGE M III
Address: 8637 FREDERICKSBURG ROAD, SUITE 400
City-St-Zip: SAN ANTONIO, TX 78240

Title: DIR (X) Change ( ) Addition
Name: NUGENT, F. TERRANCE M.D.
Address: 8637 FREDERICKSBURG ROAD, SUITE 400
City-St-Zip: SAN ANTONIO, TX 78240

Title: PRES (X) Change ( ) Addition
Name: COMRIE, DAN
Address: 8637 FREDERICKSBURG ROAD, SUITE 400
City-St-Zip: SAN ANTONIO, TX 78240

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: DAN COMRIE DC 04/20/2009

Electronic Signature of Signing Officer or Director — Date