2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: AMERICAN PHYSICIANS, INC.

Current Principal Place of Business:

2020 N. CENTRAL AVENUE, #5050
PHOENIX, AZ 85004

New Principal Place of Business:

2020 N. CENTRAL AVENUE, #5050
PHOENIX, AZ 85004 US

Current Mailing Address:

1123 PACIFIC AVENUE
TACOMA, WA 98402

New Mailing Address:

FEI Number: 86-0819006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: D/P
Name: BESSLER, ROBERT A M.D.
Address: 1123 PACIFIC AVENUE
City-St-Zip: TACOMA, WA 98402 US

Title: D
Name: BILZEN, JONATHAN
Address: 1123 PACIFIC AVENUE
City-St-Zip: TACOMA, WA 98402 US

Title: D
Name: SACKS, IAN
Address: 1123 PACIFIC AVENUE
City-St-Zip: TACOMA, WA 98402 US

Title: O
Name: BURNS, SHAWN
Address: 1123 PACIFIC AVENUE
City-St-Zip: TACOMA, WA 98402 US

Title: S
Name: MCCARTY, STEVEN M
Address: 1123 PACIFIC AVENUE
City-St-Zip: TACOMA, WA 98402 US

Title: T
Name: LYMAN, SEAN
Address: 1123 PACIFIC AVENUE
City-St-Zip: TACOMA, WA 98402 US

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: STEVEN M. MCCARTY SEC 01/03/2012

Electronic Signature of Signing Officer or Director — Date