2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# F13465

Entity Name: BROOKS & GELMAN, M.D., P.A.

Current Principal Place of Business:

850 W. PLYMOUTH AVE.
DELAND, FL 32720

New Principal Place of Business:

850 WEST PLYMOUTH AVENUE
DELAND, FL 32720 US

Current Mailing Address:

850 W. PLYMOUTH AVE.
DELAND, FL 32720

New Mailing Address:

850 WEST PLYMOUTH AVENUE
DELAND, FL 32720 US

FEI Number: 59-2060530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, JEFFREY B M.D.
850 W. PLYMOUTH AVE.
DELAND, FL 32720 US

Name and Address of New Registered Agent:

BROOKS, JEFFREY B M.D.
850 WEST PLYMOUTH AVENUE
DELAND, FL 32720 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: _____ 02/11/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: BROOKS, JEFFREY B M.D.
Address: 850 W PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

Title: VSD ( ) Delete
Name: GELMAN, STANLEY R M.D.
Address: 850 W PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: BROOKS, JEFFREY B M.D.
Address: 850 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720 US

Title: VSD (X) Change ( ) Addition
Name: GELMAN, STANLEY R M.D.
Address: 850 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720 US

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: JEFFREY B. BROOKS, M.D. P 02/11/2008
Electronic Signature of Signing Officer or Director — Date