2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 08, 2008
Secretary of State

DOCUMENT# F20426

Entity Name: FRAZIER & FRAZIER, ATTORNEYS AT LAW, P.A.

Current Principal Place of Business:

1515 RIVERSIDE AVE, STE A
JACKSONVILLE, FL 32204

New Principal Place of Business:

1515 RIVERSIDE AVE, SUITE A
JACKSONVILLE, FL 32204

Current Mailing Address:

1515 RIVERSIDE AVE, STE A
JACKSONVILLE, FL 32204

New Mailing Address:

1515 RIVERSIDE AVE, SUITE A
JACKSONVILLE, FL 32204

FEI Number: 59-2056064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE STE A
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE, SUITE A
JACKSONVILLE, FL 32204 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: _____ 09/08/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: ROBINSON, FRAZIER W.
Address: 3420 PINE STREET
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete
Name: FRAZIER, W ROBINSON,
Address: 1515 RIVERSIDE AVENUE, SUITE A
City-St-Zip: JACKSONVILLE, FL 32204

Title: PTSD (X) Delete
Name: FRAZIER, ROBINSON W
Address: 1515 RIVERSIDE AVENUE, SUITE A
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: FRAZIER, W. ROBINSON
Address: 1515 RIVERSIDE AVENUE, SUITE A
City-St-Zip: JACKSONVILLE, FL 32204

Title: V (X) Change ( ) Addition
Name: ROBINSON, KRISTOPHER D.
Address: 1515 RIVERSIDE AVENUE, SUITE A
City-St-Zip: JACKSONVILLE, FL 32204

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: W. ROBINSON FRAZIER P 09/08/2008
Electronic Signature of Signing Officer or Director — Date