2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# F96000004163

Entity Name: KELSON PHYSICIAN PARTNERS OF SOUTHEAST FLORIDA, INC.

Current Principal Place of Business:

4620 N STATE RD 7
STE 316
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

90 STATE HOUSE SQUARE
10TH FLOOR
HARTFORD, CT 06103

Current Mailing Address:

4620 N STATE RD 7
STE 316
LAUDERDALE LAKES, FL 33319

New Mailing Address:

90 STATE HOUSE SQUARE
10TH FLOOR
HARTFORD, CT 06103

FEI Number: 06-1460957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: CREASY, SKIP
Address: 90 STATE HOUSE SQ., 10TH FLOOR
City-St-Zip: HARTFORD, CT 06103

Title: AA ( ) Delete
Name: FIELDS, TERRY
Address: 4620 NORTH STATE ROAD 7, STE. 316
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: COO (X) Delete
Name: WONNACOTT, JAMES
Address: 90 STATE HOUSE SQ., 10TH FLOOR
City-St-Zip: HARTFORD, CT 06103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: WONNACOTT, JAMES C
Address: 90 STATE HOUSE SQUARE 10TH FLOOR
City-St-Zip: HARTFORD, CT 06103

Title: SEC (X) Change ( ) Addition
Name: WANDS, JEFFREY A
Address: 90 STATE HOUSE SQUARE 10TH FLOOR
City-St-Zip: HARTFORD, CT 06103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES C. WONNACOTT CEO 04/01/2005

Electronic Signature of Signing Officer or Director — Date