2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 AM
Secretary of State

DOCUMENT# G53820

Entity Name: PHYSICIAN ASSOCIATES OF FLORIDA, P.A.

Current Principal Place of Business:

55 SKYLINE DRIVE
SUITE 2900
LAKE MARY, FL 32746 US

New Principal Place of Business:

451 WEST WARREN AVENUE
LONGWOOD, FL 32750 US

Current Mailing Address:

55 SKYLINE DRIVE
SUITE 2900
LAKE MARY, FL 32746 US

New Mailing Address:

451 WEST WARREN AVENUE
LONGWOOD, FL 32750 US

FEI Number: 59-2335458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOWLES, ROBERT M.D
55 SKYLINE DRIVE
SUITE 2900
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

BOWLES, ROBERT M.D
451 WEST WARREN AVENUE
LONGWOOD, FL 32750 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: _____ 01/09/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: BOWLES, ROBERT M.D.
Address: 55 SKYLINE DRIVE, SUITE 2900
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: BOUGOULIAS, MICHAEL M.D.
Address: 55 SKYLINE DRIVE, SUITE 2900
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: PELTESON, HOWARD M.D.
Address: 55 SKYLINE DRIVE, SUITE 2900
City-St-Zip: LAKE MARY, FL 32746

Title: S ( ) Delete
Name: BUHRING, DENNIS
Address: 55 SKYLINE DRIVE, SUITE 2900
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: POPAT, VIPIN M.D.
Address: 55 SKYLINE DRIVE, SUITE 2900
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: BOWLES, ROBERT M.D.
Address: 451 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

Title: D (X) Change ( ) Addition
Name: BOUGOULIAS, MICHAEL M.D.
Address: 451 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

Title: D (X) Change ( ) Addition
Name: PELTESON, HOWARD M.D.
Address: 451 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

Title: S (X) Change ( ) Addition
Name: BUHRING, DENNIS
Address: 451 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

Title: D (X) Change ( ) Addition
Name: POPAT, VIPIN M.D.
Address: 451 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750 US

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: DENNIS J. BUHRING S 01/09/2002
Electronic Signature of Signing Officer or Director — Date