2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# G87290

Entity Name: VIJAY NARAYNA SAMANT, M.D., P.A.

Current Principal Place of Business:

BOCA RATON MEDICAL PLAZA
1050 NW 15TH ST., #112A
BOCA RATON, FL 33432

New Principal Place of Business:

800 S W 15TH STREET
BOCA RATON, FL 33486

Current Mailing Address:

BOCA RATON MEDICAL PLAZA
1050 NW 15TH ST., #112A
BOCA RATON, FL 33432

New Mailing Address:

800 S W 15TH STREET
BOCA RATON, FL 33486

FEI Number: 59-2372719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAKHARIA, CPA P.A.
7797 N. UNIVERSITY DRIVE #205
TAMARAC, FL 33330 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: PST ( ) Delete
Name: SAMANT, VIJAY NARAYAN
Address: 800 SW 15 STREET
City-St-Zip: BOCA RATON, FL

Title: V ( ) Delete
Name: SAMANT, VIJAY NARAYAN
Address: 800 SW 15 STREET
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SAMANT, VIJAY NARAYAN
Address: 800 SW 15 STREET
City-St-Zip: BOCA RATON, FL 33486

Title: V (X) Change ( ) Addition
Name: SAMANT, VIJAY NARAYAN
Address: 800 SW 15 STREET
City-St-Zip: BOCA RATON, FL 33486

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: VIJAY NARAYAN SAMANT PST 04/27/2009

Electronic Signature of Signing Officer or Director — Date