2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# H07252

Entity Name: WILLIAM R. NORTHCUTT, P.A.

Current Principal Place of Business:

C/O WILLIAM R. NORTHCUT
2194 HWY A1A, STE 306
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

C/O WILLIAM R. NORTHCUTT
2194 HWY A1A, STE 306
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

C/O WILLIAM R. NORTHCUT
2194 HWY A1A, STE 306
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

C/O WILLIAM R. NORTHCUTT
2194 HWY A1A, STE 306
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 59-2415854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTHCUTT, WILLIAM R.
2194 HWY A1A, STE 306
INDIAN HARBOUR BEACH, FL 32937 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: NORTHCUTT, WILLIAM R.
Address: 2194 HWY A1A, STE. 306
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: S
Name: NORTHCUTT, SIEGRID D
Address: 2194 HWY. A1A STE. 306
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. NORTHCUTT DPT 02/16/2011

Electronic Signature of Signing Officer or Director — Date