2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# H09874

Entity Name: LEE M. KATIMS, M.D., P.A.

Current Principal Place of Business:

3295 ST. CHARLES WAY
BOCA RATON, FL 33434

New Principal Place of Business:

5008 NW 24 CIRCLE
BOCA RATON, FL 33431

Current Mailing Address:

3295 ST. CHARLES WAY
BOCA RATON, FL 33434

New Mailing Address:

5008 NW 24 CIRCLE
BOCA RATON, FL 33431

FEI Number: 59-2436139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATIMS, LEE M., M.D.
3295 ST. CHARLES WAY
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

KATIMS, LEE M., M.D.
5008 NW 24 CIRCLE
BOCA RATON, FL 33431 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: 03/11/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: KATIMS, LEE M., M.D.,
Address: 3295 ST. CHARLES WAY
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: KATIMS, LEE M., M.D.,
Address: 5008 NW 24 CIRCLE
City-St-Zip: BOCA RATON, FL 33431

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: LEE M. KATIMS M.D. 03/11/2005
Electronic Signature of Signing Officer or Director — Date