2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# H10832

Entity Name: FLORIDA INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

521 W STATE ROAD 434
#308
LONGWOOD, FL 32750

New Principal Place of Business:

4106 W LAKE MARY BLVD.
#301
LAKE MARY, FL 32746

Current Mailing Address:

521 W STATE ROAD 434
#308
LONGWOOD, FL 32750

New Mailing Address:

4106 W LAKE MARY BLVD
#301
LAKE MARY, FL 32746

FEI Number: 59-2419967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, GLEN F., DR.
521 W ST RD 434
#308
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

DAVIS, GLEN F., M.D.
4106 W LAKE MARY BLVD
#301
LAKE MARY, FL 32746 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: GLEN F. DAVIS 04/17/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DAVIS, GLEN F., M.D.,
Address: 521 W ST RD 434 #308
City-St-Zip: LONGWOOD, FL 32750

Title: DT ( ) Delete
Name: RYAN, JOHN F., MD,
Address: 521 W ST RD 434 #308
City-St-Zip: LONGWOOD, FL 32750

Title: DS ( ) Delete
Name: DAVIS, GLEN F., MD,
Address: 521 W ST RD 434 #308
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Delete
Name: HEIL, ELIZABETH P.,, MD
Address: 521 W ST RD 434 #308
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Delete
Name: SPEARS, MARK A., MD,
Address: 521 W ST RD 434 #308
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: DAVIS, GLEN F., M.D.,
Address: 4106 W LAKE MARY BLVD #301
City-St-Zip: LAKE MARY, FL 32746

Title: DT (X) Change ( ) Addition
Name: RYAN, JOHN F., MD,
Address: 4106 W LAKE MARY BLVD #301
City-St-Zip: LAKE MARY, FL 32746

Title: DS (X) Change ( ) Addition
Name: DAVIS, GLEN F., MD,
Address: 4106 W LAKE MARY BLVD
City-St-Zip: LAKE MARY, FL 32746

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

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 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: JOHN F. RYAN DT 04/17/2007
Electronic Signature of Signing Officer or Director — Date