2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2003
Secretary of State

DOCUMENT# H50252

Entity Name: LAKE MARY MEDICAL CLINIC, INC.

Current Principal Place of Business:

P O BOX 950335
LAKE MARY, FL 327950335 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 950335
LAKE MARY, FL 327950335 US

New Mailing Address:

FEI Number: 59-2498958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN, JOHN F MD
521 W STATE RD 434
SUITE 308
LONGWOOD, FL 327502166

Name and Address of New Registered Agent:

RYAN, JOHN F MD
521 W STATE RD 434
SUITE 308
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: JOHN F RYAN 03/15/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN F RYAN PRES 03/15/2003
Electronic Signature of Signing Officer or Director — Date