2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 03, 2009
Secretary of State

DOCUMENT# J50052

Entity Name: ANITA S. WESTAFER M.D., P.A.

Current Principal Place of Business:

1400 COUNTRY CLUB RD
GULF BREEZE, FL 32563

New Principal Place of Business:

2569 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Current Mailing Address:

1400 COUNTRY CLUB RD
GULF BREEZE, FL 32563

New Mailing Address:

2569 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

FEI Number: 59-2749645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WESTAFER, ANITA S. M.D.
1400 COUNTRY CLUB ROAD
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

WESTAFER, ANITA S. M.D.
2569 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 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: _____ 11/03/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WESTAFER, ANITA S DP
Address: 1400 COUNTRY CLUB RD.
City-St-Zip: GULF BREEZE, FL 32563

Title: V (X) Delete
Name: WESTAFER, JOHN V
Address: 1400 COUNTRY CLUB RD
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WESTAFER, ANITA S DP
Address: 2569 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

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

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: ANITA S. WESTAFER, MD DP 11/03/2009
Electronic Signature of Signing Officer or Director — Date