2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007
Secretary of State

DOCUMENT# L05000105862

Entity Name: ANNETTE CARTER, M.D., P.L.

Current Principal Place of Business:

1410 BRICKYARD ROAD
CHIPLEY, FL 32428

New Principal Place of Business:

1243 MAIN ST.
CHIPLEY, FL 32428

Current Mailing Address:

1410 BRICKYARD ROAD
CHIPLEY, FL 32428

New Mailing Address:

1243 MAIN ST.
CHIPLEY, FL 32428

FEI Number: 20-3712140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARTER, ANNETTE
1410 BRICKYARD ROAD
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

CARTER, ANNETTE
1243 MAIN ST.
CHIPLEY, FL 32428 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: _____ 05/18/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MD ( ) Delete
Name: CARTER, ANNETTE MD
Address: 1410A BRICKYARD RD
City-St-Zip: CHIPLEY, FL 32428 US

ADDITIONS/CHANGES:

Title: MD (X) Change ( ) Addition
Name: CARTER, ANNETTE MD
Address: 1243 MAIN ST.
City-St-Zip: CHIPLEY, FL 32428 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANNETTE CARTER PRES 05/18/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date