2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# L25654

Entity Name: SOUTHWEST ORLANDO MEDICAL SERVICES, INC.

Current Principal Place of Business:

9430 TURKEY LAKE ROAD., STE 206
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

215 NORTH EOLA DRIVE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-2977239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEUER, KENNETH R MD
9430 TURKEY LAKE RD.
STE. 206
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FEUER, KENNETH MD
Address: 9430 SAND LAKE RD., STE. 206
City-St-Zip: ORLANDO, FL 32819

Title: DVP ( ) Delete
Name: MEYER, ROBERT MD
Address: 9430 SAND LAKE ROAD, STE. 206
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete
Name: BYRNE, PAUL
Address: 9430 TURKEY LAKE RD., STE. 206
City-St-Zip: ORLANDO, FL 32819

Title: S ( ) Delete
Name: BRNEUNING, PHIL
Address: 9430 TURKEY LANE RD, STE 206
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KENNETH R. FEUER PRES 05/15/2006

Electronic Signature of Signing Officer or Director — Date