2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 23, 2007
Secretary of State

DOCUMENT# N03000002010

Entity Name: ARLINGTON PROFESSIONAL CENTER THC, INC.

Current Principal Place of Business:

% W. MORGAN SPEER
1800 AUSTRALIAN AVE SOUTH STE 100
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

% W. MORGAN SPEER
1800 AUSTRALIAN AVE SOUTH STE 100
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-1774556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEER, W MORGAN
1800 AUSTRALIAN AVE SOUTH STE 100
WEST PALM BEACH, FL 33409 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

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: PAYSINGER, DAVID
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: SPEER, W. MORGAN
Address: 1800 AUSTRALIAN AVE. S. SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PAYSINGER, DAVID
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: STD (X) Change ( ) Addition
Name: SHIMP III, EARL
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Change (X) Addition
Name: MELANSON, SCOTT
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Change (X) Addition
Name: SHIELL, ED
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Change (X) Addition
Name: ROSADA, MIGUEL
Address: 8057 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ DAVID PAYSINGER PD 05/23/2007

Electronic Signature of Signing Officer or Director — Date