

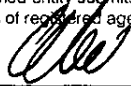
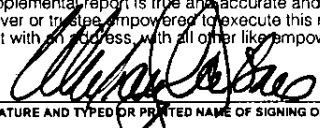


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90048 010 ****70.00

DOCUMENT # N07000004667 1. Entity Name THE AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC.					
Principal Place of Business 2296 HENDERSON MILL ROAD SUITE 206 ATLANTA, GA 30345			Mailing Address 2296 HENDERSON MILL ROAD SUITE 206 ATLANTA, GA 30345		
2. Principal Place of Business - No P.O. Box # 5550 W. EXECUTIVE DRIVE		3. Mailing Address 5550 W. EXECUTIVE DRIVE		 01232008 Chg-NP CR2E037 (12/06) 4. FEI Number 23-7009389 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. SUITE 400		Suite, Apt. #, etc. SUITE 400			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33609		Zip 33609			
Country USA		Country USA			
6. Name and Address of Current Registered Agent NOLAN, MICHAEL J ESQ. 201 N FRANKLIN STREET STE 2200 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <div style="text-align: right;">DATE _____</div>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARBONE, WILLIAM J 2296 HENDERSON MILL ROAD, STE 206 ATLANTA, GA 30345		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PARDELL, HERBERT 2170 BAYBERRY DRIVE PEMBROKE PINES, FL 330241406		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASTILLO, THOMAS 130 WARREN STREET BEAVER DAM, WI 539163062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <div style="text-align: right;"> Date 1/23/08 834332277 Daytime Phone # </div>					