2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N08000001683

Entity Name: THE FLORIDA INTERNATIONAL UNIVERSITY COLLEGE OF MEDICINE HEALTH CARE NETWORK FACULTY GROUP PRACTICE, INC.

Current Principal Place of Business:

11200 SW 8 STREET
PC 511
MIAMI, FL 33199 US

New Principal Place of Business:

Current Mailing Address:

11200 SW 8 STREET
PC 511
MIAMI, FL 33199 US

New Mailing Address:

FEI Number: 80-0151379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDOZA, CRISTINA L
11200 SW 8 STREET
PC 511
MIAMI, FL 33199 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: P ( ) Delete
Name: ROCK, JOHN
Address: 11200 SW 8 STREET, HLS 693
City-St-Zip: MIAMI, FL 33199 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: ROCK, JOHN
Address: 11200 SW 8 STREET, HLS II 693
City-St-Zip: MIAMI, FL 33199 US

Title: VP ( ) Change (X) Addition
Name: HORSTMYER, JEFFREY L
Address: 1507 TUNIS STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: T/S ( ) Change (X) Addition
Name: SANCHEZ, VIVIAN
Address: 11200 SW 8 STREET, PC 523
City-St-Zip: MIAMI, FL 33199

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: CRISTINA L. MENDOZA RA 04/16/2009

Electronic Signature of Signing Officer or Director — Date