2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2009
Secretary of State

DOCUMENT# N08000003566

Entity Name: CENTRAL FLORIDA CLINICAL PRACTICE ORGANIZATION, INC.

Current Principal Place of Business:

12201 RESEARCH PARKWAY, 3RD FLOOR
ORLANDO, FL 328160116

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160116
ORLANDO, FL 328160116

New Mailing Address:

FEI Number: 61-1566097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLE, W. SCOTT
MILLICAN HALL, SUITE 360
4000 CENTRAL FLORIDA BLVD
ORLANDO, FL 328160015 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: VP ( ) Delete
Name: COLE, W. SCOTT
Address: 12201 RESEARCH PARKWAY, 3RD FLOOR
City-St-Zip: ORLANDO, FL 328160116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: W. SCOTT COLE VP 08/03/2009

Electronic Signature of Signing Officer or Director — Date