2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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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:

6850 LAKE NONA BLVD
ORLANDO, FL 32827

Current Mailing Address:

P.O. BOX 160116
ORLANDO, FL 328160116

New Mailing Address:

P.O. BOX 160015
ORLANDO, FL 328160015

FEI Number: 61-1566097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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
Name: COLE, W. SCOTT
Address: 12201 RESEARCH PARKWAY, 3RD FLOOR
City-St-Zip: ORLANDO, FL 328160116

I hereby 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 all other like empowered.

SIGNATURE: W. SCOTT COLE VP 03/15/2011
Electronic Signature of Signing Officer or Director — Date