2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2012
Secretary of State

DOCUMENT# N08000003566

Entity Name: CENTRAL FLORIDA CLINICAL PRACTICE ORGANIZATION, INC.

Current Principal Place of Business:

6850 LAKE NONA BLVD
ORLANDO, FL 32827

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160015
ORLANDO, FL 328160015

New Mailing Address:

6850 LAKE NONA BLVD
ORLANDO, FL 32827

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: CHR
Name: GERMAN, DEBORAH C MD
Address: 6850 LAKE NONA BLVD
City-St-Zip: ORLANDO, FL 32827

Title: VCHR
Name: GRINDSTAFF, MICHAEL J
Address: 3000 S ORANGE AVE, STE 1000
City-St-Zip: ORLANDO, FL 32801

Title: TREA
Name: MERCK, WILLIAM F II
Address: 4000 CENTRAL FLORIDA BLVD
City-St-Zip: ORLANDO, FL 32816

Title: SEC
Name: BOARDMAN, LORI MD
Address: 6850 LAKE NONA BLVD
City-St-Zip: ORLANDO, FL 32816

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: DEBORAH C. GERMAN, MD CHR 03/14/2012

Electronic Signature of Signing Officer or Director — Date