2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2011
Secretary of State

DOCUMENT# N09000011344

Entity Name: HAMPTON MEDICAL ARTS CENTER ASSOCIATION, INC.

Current Principal Place of Business:

5292 SUMMERLIN COMMONS WAY
SUITE 1103
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

5292 SUMMERLIN COMMONS WAY
SUITE 1103
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 27-1480123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUNNELL, JAMES
5292 SUMMERLIN COMMONS WAY
SUITE 1103
FORT MYERS, FL 33907 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/D
Name: DOSORETZ, DANIEL
Address: 5292 SUMMERLIN COMMONS WAY, STE. 1103
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP/D
Name: ANDISCO, RICARDO
Address: 5292 SUMMERLIN COMMONS WAY, STE. 1103
City-St-Zip: FORT MYERS, FL 33907 US

Title: T/D
Name: BUNNELL, JAMES
Address: 5292 SUMMERLIN COMMONS WAY, STE. 1103
City-St-Zip: FORT MYERS, FL 33907 US

Title: S/D
Name: DRAKE, DREW
Address: 5292 SUMMERLIN COMMONS WAY, STE. 1103
City-St-Zip: FORT MYERS, FL 33907 US

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: DANIEL E DOSORETZ P/D 04/14/2011

Electronic Signature of Signing Officer or Director — Date