2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P00000012691

Entity Name: ENERGETIC MEDICINE, P.A.

Current Principal Place of Business:

5600 TAMIAMI TRAIL N.
SUITE 3
NAPLES, FL 34108

New Principal Place of Business:

201 PALM RIVER BLVD
E202
NAPLES, FL 34110

Current Mailing Address:

5600 TAMIAMI TRAIL N.
SUITE 3
NAPLES, FL 34108

New Mailing Address:

201 PALM RIVER BLVD
E202
NAPLES, FL 34110

FEI Number: 65-0984926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORSYTHE, LISA L
5600 TAMIAMI TRAIL N.
SUITE 3
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

FORSYTHE, LISA L
201 PALM RIVER BLVD
E202
NAPLES, FL 34110 US

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: _____ 04/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: FORSYTHE, LISA L
Address: 5600 TAMIAMI TRAIL N., SUITE 3
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change ( ) Addition
Name: FORSYTHE, LISA L
Address: 201 PALM RIVER BLVD, E202
City-St-Zip: NAPLES, FL 34110

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA L. FORSYTHE PVTS 04/29/2008
Electronic Signature of Signing Officer or Director — Date