2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# P00000051044

Entity Name: NORTH NAPLES FAMILY CARE, INC.

Current Principal Place of Business:

1726 MEDICAL BLVD
SUITE 101
NAPLES, FL 34110

New Principal Place of Business:

5490 BRYSON DRIVE
SUITE 201
NAPLES, FL 34109

Current Mailing Address:

1726 MEDICAL BLVD
SUITE 101
NAPLES, FL 34110

New Mailing Address:

5490 BRYSON DRIVE
SUITE 201
NAPLES, FL 34109

FEI Number: 59-3652040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOZZA, BRIAN
1726 MEDICAL BLVD
SUITE 101
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BOZZA, BRIAN
5490 BRYSON DRIVE
SUITE 201
NAPLES, FL 34109 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: 03/09/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOZZA, BRIAN W
Address: 1726 MEDICAL BLVD #101
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: BOZZA, BRIAN W
Address: 5490 BRYSON DRIVE, SUITE 201
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRIAN W. BOZZA, MD DR. 03/09/2005
Electronic Signature of Signing Officer or Director — Date