2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# P00000056478

Entity Name: MICHAEL C. TRACY, M.D., P.A.

Current Principal Place of Business:

2830 HARVEST MOON
ORANGE PARK, FL 32073

New Principal Place of Business:

1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

Current Mailing Address:

165 WELLS RD
SUITE 304
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3651292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACY, MICHAEL C M.D.
2830 HARVEST MOON
ORANGE PARK, FL 32073 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: DPST
Name: TRACY, MICHAEL C M.D.
Address: 2830 HARVEST MOON
City-St-Zip: ORANGE PARK, FL 32073

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

SIGNATURE: MICHAEL C. TRACY, MD, PA PRES 05/01/2010

Electronic Signature of Signing Officer or Director — Date