2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P00000057210

Entity Name: LAMOUTTE & VERDEJA M.D.S, P.A.

Current Principal Place of Business:

1601 W TIMBERLAND DR
STE 600
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1090
PLANT CITY, FL 335641090

New Mailing Address:

FEI Number: 59-3652605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANEY, R. REID ESQ.
4100 BANK OF AMERICA PLAZA
P.O. BOX 71
TAMPA, FL 33601 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAMOUTTE, CARLOS M.D.
Address: P.O. BOX 1090
City-St-Zip: PLANT CITY, FL 335661090

Title: D ( ) Delete
Name: VERDEJA, ANA M.D.
Address: P.O. BOX 1090
City-St-Zip: PLANT CITY, FL 335661090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAMOUTTE, CARLOS M.D.
Address: P.O. BOX 1090
City-St-Zip: PLANT CITY, FL 335641090

Title: D (X) Change ( ) Addition
Name: VERDEJA, ANA M M.D.
Address: P.O. BOX 1090
City-St-Zip: PLANT CITY, FL 335641090

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: ANA M. VERDEJA, MD D 04/28/2004

Electronic Signature of Signing Officer or Director — Date