2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P00000085284

Entity Name: JEAN FOUCAULD, M.D., P.A.

Current Principal Place of Business:

12953 PALMS W. DR., #102
LOXAHATCHEE, FL 33470

New Principal Place of Business:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449

Current Mailing Address:

PO BOX 939
LOXAHATCHEE, FL 33470

New Mailing Address:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449

FEI Number: 65-1036229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOUCAULD, JEAN M.D.
12953 PALMS W. DR., #102
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

FOUCAULD, JEAN M.D.
3347 STATE ROAD 7
WELLINGTON, FL 33449 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: 03/02/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FOUCAULD, JEAN M.D.
Address: 12953 PALMS W. DR., #102
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FOUCAULD, JEAN M.D.
Address: 3347 STATE ROAD 7, SUITE 203
City-St-Zip: WELLINGTON, FL 33449

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: JEAN FOUCAULD, M.D. D 03/02/2009
Electronic Signature of Signing Officer or Director — Date