2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# P00000097597

Entity Name: LESLIE M. LUBICH, M.D., P.A.

Current Principal Place of Business:

109 HURON AVENUE
TAMPA, FL 33606

New Principal Place of Business:

39 CAMBRIDGE TRACE
ORMOND BEACH, FL 32174

Current Mailing Address:

109 HURON AVENUE
TAMPA, FL 33606

New Mailing Address:

39 CAMBRIDGE TRACE
ORMOND BEACH, FL 32174

FEI Number: 59-3680445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUBICH, LESLIE M M.D.
109 HURON AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

LUBICH, LESLIE M M.D.
39 CAMBRIDGE TRACE
ORMOND BEACH, FL 32174 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: 03/01/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LUBICH, M.D., LESLIE M
Address: 109 HURON AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LUBICH, M.D., LESLIE M
Address: 39 CAMBRIDGE TRACE
City-St-Zip: ORMOND BEACH, FL 32174

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: LESLIE LUBICH P 03/01/2009
Electronic Signature of Signing Officer or Director — Date