2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P00000110599

Entity Name: NEAL WEISMAN, M.D., P.A.

Current Principal Place of Business:

880 NW 13TH STREET .
SUITE 4-C
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

880 NW 13TH STREET .
SUITE 4-C
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-1059531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEISMAN, NEAL M.D.
11147 SEA GRASS CIRCLE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

WEISMAN, NEAL M.D.
880 NW 13TH ST
4C
BOCA RATON, FL 33486 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: 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEISMAN, NEAL M.D.
Address: 11147 SEA GRASS CIRCLE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WEISMAN, NEAL M.D.
Address: 880 NW 13TH ST #4C
City-St-Zip: BOCA RATON, FL 33486

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: NEAL WEISMAN O 04/29/2005
Electronic Signature of Signing Officer or Director — Date