2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2005
Secretary of State

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Entity Name: FAMILY MEDICINE AND HEALTHCARE, P.A.

Current Principal Place of Business:

1990 NORTH FEDERAL HWY
POMPANO BCH, FL 33062

New Principal Place of Business:

1990 N. FEDERAL HIGHWAY
SUITE C
POMPANO BEACH, FL 33062 US

Current Mailing Address:

1990 NORTH FEDERAL HWY
POMPANO BCH, FL 33062

New Mailing Address:

1990 N. FEDERAL HIGHWAY
SUITE C
POMPANO BEACH, FL 33062 US

FEI Number: 22-3850337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRISTIANO, MICHAEL DR.
1990 NORTH FEDERAL HIGHWAY
SUITE C
POMPANO BEACH, FL 330621003 US

Name and Address of New Registered Agent:

CRISTIANO, MICHAEL DR.
1990 N. FEDERAL HIGHWAY
SUITE C
POMPANO BEACH, FL 330621003 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: _____ 01/16/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CHEATHAM, WILLIAM W JR.
Address: 1990 NORTH FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

Title: DV ( ) Delete
Name: CRISTIANO, MICHAEL
Address: 1990 NORTH FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CHEATHAM, WILLIAM W DR.
Address: 1990 N. FEDERAL HIGHWAY, SUITE C
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: DV (X) Change ( ) Addition
Name: CRISTIANO, MICHAEL DR.
Address: 1990 N. FEDERAL HIGHWAY, SUITE C
City-St-Zip: POMPANO BEACH, FL 33062 US

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: DR. WILLIAM W. CHEATHAM DP 01/16/2005
Electronic Signature of Signing Officer or Director — Date