2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P02000024894

Entity Name: APOPKA FAMILY HEALTH CENTER, P.A.

Current Principal Place of Business:

3991 HAYNES CIR
CASSELBERRY, FL 32707

New Principal Place of Business:

63 EAST THIRD STREET
APOPKA, FL 32703

Current Mailing Address:

3991 HAYNES CIR
CASSELBERRY, FL 32707

New Mailing Address:

63 EAST THIRD STREET
APOPKA, FL 32703

FEI Number: 75-3026618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELIAS, GEORGE M
3991 HAYNES CIR
CASSELBERRY, FL 32707

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: DP ( ) Delete
Name: ELIAS, GEORGE M
Address: 3991 HAYNES CIR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: ELIAS, GEORGE M
Address: 63 EAST THIRD STREET
City-St-Zip: APOPKA, FL 32703

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: GEORGE M. ELIAS DR 04/28/2003

Electronic Signature of Signing Officer or Director — Date