2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 30, 2008
Secretary of State

DOCUMENT# P02000060755

Entity Name: MICHAEL D. HUNTER, M.D., P.A.

Current Principal Place of Business:

27223 OVERSEAS HIGHWAY
RAMROD KEY, FL 33042

New Principal Place of Business:

3737 FRANKFORD AVE.
PANAMA CITY, FL 32405

Current Mailing Address:

27223 OVERSEAS HIGHWAY
RAMROD KEY, FL 33042

New Mailing Address:

3737 FRANKFORD AVE.
PANAMA CITY, FL 32405

FEI Number: 45-0480080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNTER, MICHAEL D
27223 OVERSEAS HIGHWAY
RAMROD KEY, FL 33042 US

Name and Address of New Registered Agent:

HUNTER, MICHAEL D
3737 FRANKFORD AVE.
PANAMA CITY, FL 32405 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: _____ 06/30/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HUNTER, MICHAEL D M.D.
Address: 27223 OVERSEAS HIGHWAY
City-St-Zip: RAMROD KEY, FL 33042

Title: V ( ) Delete
Name: HUNTERS, MARY
Address: 27223 OVERSEAS HIGHWAY
City-St-Zip: RAMROD KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HUNTER, MICHAEL D M.D.
Address: 3737 FRANKFORD AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: V (X) Change ( ) Addition
Name: HUNTERS, MARY
Address: 3737 FRANKFORD AVE.
City-St-Zip: PANAMA CITY, FL 32405

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: MICHAEL D. HUNTER, MD PRES 06/30/2008
Electronic Signature of Signing Officer or Director — Date