2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# P02000068651

Entity Name: FAMILY MEDICINE CLINICS OF SOUTH FLORIDA, PA

Current Principal Place of Business:

17901 NW 5TH ST
#102
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17901 NW 5TH ST
#102
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 01-0727005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARE, JONATHAN S MD
1115 CAMELIA CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

WARE, JONATHAN S MD
500 SW 108TH AVENUE
APT 101
PEMBROKE PINES, FL 33025 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: 01/11/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WARE, JONATHAN S MD
Address: 1115 CAMELLIA CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WARE, JONATHAN S MD
Address: 500 SW 108TH AVENUE, APT 101
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN S. WARE, MD P 01/11/2006
Electronic Signature of Signing Officer or Director — Date