2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P02000078910

Entity Name: DOCTORS INLET PEDIATRICS AND PRIMARY CARE, P.A.

Current Principal Place of Business:

2569 CR 220, STE 204
SUITE 204
MIDDLEBURG, FL 32068

New Principal Place of Business:

430 COLLEGE DRIVE
SUITE 100-102
MIDDLEBURG, FL 32068

Current Mailing Address:

10175 FORTUNE PARKWAY SUITE 401
JACKSONVILLE, FL 32256

New Mailing Address:

10175 FORTUNE PARKWAY
SUITE 401
JACKSONVILLE, FL 32256

FEI Number: 14-1837982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILAK, MILIND V
10175 FORTUNE PARKWAY
SUITE 401-402
JACKSONVILLE, FL 32256 US

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: D ( ) Delete
Name: TILAK, SUWARNA M MD
Address: 3457 MAINARD BRANCH CT.
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: TILAK, MILIND V MD
Address: 3457 MAINARD BRANCH COURT
City-St-Zip: ORNAGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TILAK, SUWARNA M MD
Address: 10175 FORTUNE PARKWAY, SUITE 401
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: TILAK, MILIND V MD
Address: 10175 FORTUNE PARKWAY, SUITE 401
City-St-Zip: JACKSONVILLE, FL 32256

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: SUWARNA TILAK, MD D 04/24/2009

Electronic Signature of Signing Officer or Director — Date