2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P02000090730

Entity Name: MONICA K. BEDI, M.D., P.A.

Current Principal Place of Business:

3830 BEE RIDGE ROAD
SUITE 200
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25487
SARASOTA, FL 34277

New Mailing Address:

3830 BEE RIDGE ROAD
SUITE 200
SARASOTA, FL 34233

FEI Number: 46-0494983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEDI, MONICA K M.D.
706 RIVIERA DUNES WAY
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

BEDI, MONICA K M.D.
1739 HYDE PARK STREET
SARASOTA, FL 34239 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: 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BEDI, MONICA K M.D.
Address: 706 RIVIERA DUNES WAY
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BEDI, MONICA K M.D.
Address: 1739 HYDE PARK STREET
City-St-Zip: SARASOTA, FL 34239

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: BEDI, MONICA, K, M.D. P 04/28/2009
Electronic Signature of Signing Officer or Director — Date