2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P02000101115

Entity Name: SOUTH LAKE MEDICINE, P.A.

Current Principal Place of Business:

235 CITRUS TOWER BLVD.
STE. 107
CLERMONT, FL 34711

New Principal Place of Business:

3190 CITRUS TOWER BLVD.
STE. B
CLERMONT, FL 34711

Current Mailing Address:

235 CITRUS TOWER BLVD.
STE. 107
CLERMONT, FL 34711

New Mailing Address:

3190 CITRUS TOWER BLVD.
STE. B
CLERMONT, FL 34711

FEI Number: 47-0888339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, GARY
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 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

OFFICERS AND DIRECTORS:

Title: DR.
Name: HUANG, HANXIAN MD
Address: 3190 CITRUS TOWER BLVD, STE B
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: HANXIAN HUANG PRES 01/09/2011

Electronic Signature of Signing Officer or Director — Date