2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # P02000101365 1. Entity Name JENNIFER M SIDMAN, MD, PA Principal Place of Business Mailing Address 4750 SW 91 DR 18419 NW 39 PL GAINESVILLE, FL 32608 NEWBERRY, FL · 32669 US No Chg-P 01102008 -CR2E034 (11/05) Applied For 4. FEI Number 30-0118128 Not Applical \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIDMAN, JENNIFER M MD 18419 NW 39 PL NEWBERRY, FL 32669 IN THIS SPACE 8. 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. I am familiar with, and acce the obligations of registered agent. MSI DUNAN AD SIGNATURE. of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000803434 Added to Fees []2 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS SIDMAN, JENNIFER M NAME STREET ADDRESS 18419 N.W. 39 PL. CITY-ST-ZIP NEWBERRY, FL 32669 TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 in Block 10 or Block 11 changed, or on an attachment with an address with all other like empowered.