2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003
Secretary of State

DOCUMENT# P02000106886

Entity Name: TEMPLE TERRACE FAMILY PHYSICIANS, P.A.

Current Principal Place of Business:

6251 E FOWLER AVE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

6171 E FOWLER AVE
TEMPLE TERRACE, FL 33617

Current Mailing Address:

6251 E FOWLER AVE
TEMPLE TERRACE, FL 33617

New Mailing Address:

6171 E FOWLER AVE
TEMPLE TERRACE, FL 33617

FEI Number: 06-1650937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUGG, JOSEPH W.N. W
100 S ASHLEY DR STE 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DAVIS, GEORGE R D.O.
Address: 6251 E FOWLER AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete
Name: MALIBIRAN, FRED
Address: 6251 E FOWLER AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DAVIS, GEORGE R D.O.
Address: 6171E FOWLER AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Change ( ) Addition
Name: MALIBIRAN, FRED
Address: 6171 E FOWLER AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGE R. DAVIS DR. 02/11/2003

Electronic Signature of Signing Officer or Director — Date