2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2010
Secretary of State

DOCUMENT# P02000110559

Entity Name: PHYSICIANS PRACTICE MANAGEMENT, INC.

Current Principal Place of Business:

800 PRUDENTIAL DR
4 NORTH MAIN BLDG
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

800 PRUDENTIAL DR
4 NORTH MAIN BLDG
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 57-1142275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOYLE, WILLIAM E ESQUIRE
2121 CORPORATE SQUARE BLVD
SUITE 124
JACKSONVILLE, FL 32216 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
Name: GRIGAS, J. DANIEL
Address: 1922 RIVER RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: REID, RICHARD A
Address: 1111 BROOKWOOD RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: TRENT, FREDERICK L
Address: 313 ROYAL TERN RD N
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: NAMEN, ANDREW M
Address: 7742 WATERMARK LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: CROWE, MARK A M.D.
Address: 1843 CHALLEN AVE
City-St-Zip: JACKSONVILLE, FL 32205

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: RICHARD REID, MD PRES 03/12/2010

Electronic Signature of Signing Officer or Director — Date