2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# P02000117973

Entity Name: BRIAN SLABY, M.D., P.A.

Current Principal Place of Business:

511 W. HIGHLAND BLVD.
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

511 W. HIGHLAND BLVD.
INVERNESS, FL 34452

New Mailing Address:

330 SOUTH LINE AVE
INVERNESS, FL 34452

FEI Number: 82-0571360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLABY, BRIAN
511 W. HIGHLAND BLVD.
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

SLABY, BRIAN
330 SOUTH LINE AVE
INVERNESS, FL 34452 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: 09/03/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: SLABY, BRIAN A M.D.
Address: 511 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: SLABY, BRIAN A M.D.
Address: 330 SOUTH LINE AVE
City-St-Zip: INVERNESS, FL 34452 US

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: BRIAN SLABY DR 09/03/2008
Electronic Signature of Signing Officer or Director — Date