2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P03000001331

Entity Name: MOHAMMAD BASIL AMIN M.D. P.A.

Current Principal Place of Business:

205 ZEAGLER DR
SUITE 401-B
PALATKA, FL 32177 US

New Principal Place of Business:

599 CHIVAS CT.
ORANGE PARK, FL 32073 US

Current Mailing Address:

P.O. BOX 2468
PALATKA, FL 32177 US

New Mailing Address:

FEI Number: 33-1036799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMIN, MOHAMMAD B
497 WEST RIVER ROAD
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

AMIN, MOHAMMAD B
599 CHIVAS CT.
ORANGE PARK, FL 32073 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: 04/15/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AMIN, MOHAMMAD B M.D.
Address: 497 WEST RIVER RD
City-St-Zip: PALATKA, FL 32177 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AMIN, MOHAMMAD B M.D.
Address: 599 CHIVAS CT.
City-St-Zip: ORANGE PARK, FL 32073 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: MOAHAMMAD B AMIN P 04/15/2009
Electronic Signature of Signing Officer or Director — Date