2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# P03000002662

Entity Name: SCOTT PARKINSON, D.O., P.A.

Current Principal Place of Business:

5515 ALDEN BRIDGE DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

8833 PERIMETER PARK BLVD
SUITE 1102
JACKSONVILLE, FL 32216 US

Current Mailing Address:

5515 ALDEN BRIDGE DRIVE
JACKSONVILLE, FL 32258

New Mailing Address:

8833 PERIMETER PARK BLVD
SUITE 1102
JACKSONVILLE, FL 32216 US

FEI Number: 83-0341015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKINSON, SCOTT D.O.
5515 ALDEN BRIDGE DRIVE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

PARKINSON, SCOTT D.O.
8833 PERIMETER PARK BLVD
SUITE 1102
JACKSONVILLE, FL 32216 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: 01/15/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARKINSON, SCOTT D.O.
Address: 5515 ALDEN BRIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PARKINSON, SCOTT D.O.
Address: 8833 PERIMETER PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D ( ) Change (X) Addition
Name: PARKINSON, ANDREA
Address: 8833 PERIMETER PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32216 US

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: ANDREA PARKINSON D 01/15/2004
Electronic Signature of Signing Officer or Director — Date