2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2007
Secretary of State

DOCUMENT# P03000016321

Entity Name: BRITTAIN KULOW, M.D., P.A.

Current Principal Place of Business:

1703 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

1112 HOSPITAL RD
SUITE A
FORT WALTON BEACH, FL 32547

Current Mailing Address:

1703 LEWIS TURNER
FORT WALTON BEACH, FL 32547

New Mailing Address:

1112 HOSPITAL RD
SUITE A
FORT WALTON BEACH, FL 32547

FEI Number: 13-4238349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KULOW, BRITTAIN M.D.
1703 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

KULOW, BRITTAIN M.D.
1112 HOSPITAL RD
SUITE A
FORT WALTON BEACH, FL 32547 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: 06/19/2007
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: KULOW, BRITTAIN M.D.
Address: 1703 LEWIS TURNER BLVD
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: KULOW, BRITTAIN M.D.
Address: 1112 HOSPITAL RD, STE A
City-St-Zip: FORT WALTON BEACH, FL 32547

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: BRITTAIN KULOW, MD DR 06/19/2007
Electronic Signature of Signing Officer or Director — Date