2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P03000102893

Entity Name: EZRA EL-KAYAM, M.D., P.A.

Current Principal Place of Business:

1840 MEASE DR.
SUITE 315
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

1840 MEASE DR.
SUITE 315
SAFETY HARBOR, FL 34695 US

New Mailing Address:

PO BOX 1189
OLDSMAR, FL 34677 US

FEI Number: 20-0236426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELKAYAM, EZRA M.D.
1840 MEASE DR.
SUITE 315
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

ELKAYAM, EZRA M.D.
1840 MEASE DR
SUITE 315
SAFETY HARBOR, FL 34695 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: 04/25/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELKAYAM, EZRA S M.D.
Address: 1840 MEASE DR., SUITE 315
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ELKAYAM, EZRA S M.D.
Address: PO BOX 1189
City-St-Zip: OLDSMAR, FL 34677

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: EZRA ELKAYAM P 04/25/2008
Electronic Signature of Signing Officer or Director — Date