2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P03000109069

Entity Name: SAN JOSE CLINIC, P.A.

Current Principal Place of Business:

8823 SAN JOSE BLVD
209
JACKSONVILLE, FL 32217

New Principal Place of Business:

2449 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217

Current Mailing Address:

8823 SAN JOSE BLVD
209
JACKSONVILLE, FL 32217

New Mailing Address:

2449 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217

FEI Number: 59-3768885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASSIS, ANTOINE
8823 SAN JOSE BOULEVARD
207
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

KASSIS, ANTOINE
2449 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217 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: 03/20/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: KASSIS, ANTOINE MD
Address: 8823 SAN JOSE BLVD, SUITE 209
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: KASSIS, ANTOINE MD
Address: 2449 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32217

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: ANTOINE KASSIS PRES 03/20/2009
Electronic Signature of Signing Officer or Director — Date