2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P03000138389

Entity Name: PREMIER CARE PEDIATRICS, PA

Current Principal Place of Business:

9614 LAUREL LEDGE DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

PO BOX 3028
RIVERVIEW, FL 33568

Current Mailing Address:

9614 LAUREL LEDGE DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

PO BOX 3028
RIVERVIEW, FL 33568

FEI Number: 20-0439547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINICK, MATTHEW C M.D.
9614 LAUREL LEDGE DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

MINICK, MATTHEW C M.D.
PO BOX 3028
RIVERVIEW, FL 33568 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: _____ 04/28/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MINICK, MATTHEW C M.D.
Address: 9614 LAUREL LEDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MINICK, MATTHEW C M.D.
Address: PO BOX 3028
City-St-Zip: RIVERVIEW, FL 33568

Title: VP ( ) Change (X) Addition
Name: PRUITT, REBECCA M.D.
Address: PO BOX 3028
City-St-Zip: RIVERVIEW, FL 33568

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: MATTHEW C MINICK DR. 04/28/2005
Electronic Signature of Signing Officer or Director — Date