2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# P04000013736

Entity Name: PHYSICIAN PARTNERS PLUS, INC.

Current Principal Place of Business:

14411 COMMERCE WAY
STE. 420
MIAMI, FL 33016

New Principal Place of Business:

Current Mailing Address:

14411 COMMERCE WAY
STE. 420
MIAMI, FL 33016

New Mailing Address:

FEI Number: 20-0620176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUAREZ, XAVIER
300 SEVILLA AVE., #210
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SUAREZ, XAVIER
300 SEVILLA AVENUE
SUITE 210
CORAL GABLES, FL 33134 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: 04/24/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: HERNANDEZ, PEDRO
Address: 8281 NW 165TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PEDRO HERNANDEZ PSTD 04/24/2005
Electronic Signature of Signing Officer or Director — Date