2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# P04000015139

Entity Name: WEBB MEDICAL SERVICES, INC.

Current Principal Place of Business:

1500 SE MAGNOLIA EXTENSION #204
OCALA, FL 34471

New Principal Place of Business:

2685 SW 32ND PLACE
OCALA, FL 34474 US

Current Mailing Address:

1500 SE MAGNOLIA EXTENSION #204
OCALA, FL 34471

New Mailing Address:

2685 SW 32ND PLACE
OCALA, FL 34474 US

FEI Number: 87-0717645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBB, MICHAEL J M.D.
1500 SE MAGNOLIA EXTENSION #204
OCALA, FL 34471 US

Name and Address of New Registered Agent:

WEBB, MICHAEL J M.D.
2685 SW 32ND PLACE
OCALA, FL 34474 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: _____ 09/05/2006
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: DPST ( ) Delete
Name: WEBB, MICHAEL J M.D.
Address: 1500 SE MAGNOLIA EXTENSION #204
City-St-Zip: OCALA, FL 34471

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WEBB, MICHAEL J M.D.
Address: 2685 SW 32ND PLACE
City-St-Zip: OCALA, FL 34474 US

Title: DVP ( ) Change (X) Addition
Name: WALDROP, DREAMA M
Address: 2685 SW 32ND PLACE
City-St-Zip: OCALA, FL 34474 US

Title: DS ( ) Change (X) Addition
Name: WALDROP, MARK
Address: 2685 SW 32ND PLACE
City-St-Zip: OCALA, FL 34474 US

Title: DT ( ) Change (X) Addition
Name: WEBB, PATRICIA M
Address: 2685 SW 32ND PLACE
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. WEBB DP 09/05/2006
Electronic Signature of Signing Officer or Director — Date