2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# P04000067978

Entity Name: H. LELAND MIZELLE, M.D., PH.D., P.A.

Current Principal Place of Business:

1012 MCCALL COURT
OVIEDO, FL 32765

New Principal Place of Business:

5737 OAK LAKE TRL
OVIEDO, FL 32765

Current Mailing Address:

1012 MCCALL COURT
OVIEDO, FL 32765

New Mailing Address:

5737 OAK LAKE TRL
OVIEDO, FL 32765

FEI Number: 20-1047791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIZELLE, H. LELAND MD PHD
1512 S ORANGE AVE
ORLANDO, FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: MIZELLE, H. LELAND MD PHD
Address: 1012 MCCALL COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MIZELLE, H. LELAND MD PHD
Address: 5737 OAK LAKE TRL
City-St-Zip: OVIEDO, FL 32765

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: H. LELAND MIZELLE DR. 02/01/2006

Electronic Signature of Signing Officer or Director — Date