2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# P04000073940

Entity Name: HECTOR F. LOZANO, MD, PA

Current Principal Place of Business:

5670 NW 116TH AVE
#103
MIAMI, FL 33178 US

New Principal Place of Business:

511 MEDICAL PLAZA DR
#101
LEESBURG, FL 34748 US

Current Mailing Address:

PO BOX 667525
MIAMI, FL 33166 US

New Mailing Address:

9926 SANTA BARBARA COURT
HOWEY IN THE HILLS, FL 34737 US

FEI Number: 01-0811761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOZANO, HECTOR F MD
5670 NW 116TH AVE
#103
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

LOZANO, HECTOR F MD
9926 SANTA BARBARA COURT
HOWEY IN THE HILLS, FL 34737 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: 01/29/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: LOZANO, HECTOR F
Address: 5670 NW 116TH AVE #103
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: LOZANO, HECTOR F
Address: 9926 SANTA BARBARA COURT
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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: HECTOR F LOZANO DR 01/29/2007
Electronic Signature of Signing Officer or Director — Date