2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P04000132966

Entity Name: SHERYL M. HAKALA, M.D., P.A.

Current Principal Place of Business:

806 W. DE LEON ST.
SUITE 202
TAMPA, FL 33606

New Principal Place of Business:

2510 S MACDILL
TAMPA, FL 33629

Current Mailing Address:

806 W. DE LEON ST.
SUITE 202
TAMPA, FL 33606

New Mailing Address:

2510 S MACDILL
TAMPA, FL 33629

FEI Number: 20-1661341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUBLEY & BUBLEY, P.A.
3820 NORTHDALE BLVD. SUITE 312
TAMPA, FL 33624 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: D ( ) Delete
Name: HAKALA, SHERYL M M.D.
Address: 806 W DE LEON ST SUITE 202
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HAKALA, SHERYL M M.D.
Address: 2510 S MACDILL
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify 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: SHERYL HAKALA PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date