2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P04000134003

Entity Name: NORTH FLORIDA MEDICAL PROPERTIES, INC.

Current Principal Place of Business:

2300 SE 17TH STREET
BUILDING 401
OCALA, FL 34471

New Principal Place of Business:

6608 NW 9TH BLVD
GAINESVILLE, FL 32605

Current Mailing Address:

2300 SE 17TH STREET
BUILDING 401
OCALA, FL 34471

New Mailing Address:

6608 NW 9TH BLVD
GAINESVILLE, FL 32605

FEI Number: 20-1710715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERO, FRANK M
2300 SE 17TH STREET
BUILDING 401
OCALA, FL 34471 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: PHELPS, MARK A
Address: 6515 SW 35TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: VERO, FRANK M
Address: 6051 SW 18TH CT. RD.
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARK A PHELPS D 04/28/2008

Electronic Signature of Signing Officer or Director — Date