2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# P04000159669

Entity Name: MAS PEDIATRICS, P.A.

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 404
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

324 REDWING LANE
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-2633483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEOD, ROBERT L II
1200 PLANTATION ISLAND DRIVE
SUITE 140
ST. AUGUSTINE, FL 32080 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: P ( ) Delete
Name: MAS, MIGUEL A JR.
Address: 300 HEALTH PARK BOULEVARD, SUITE 3006
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T ( ) Delete
Name: MAS, MIGUEL A
Address: 300 HEALTH PARK BOULEVARD, SUITE 3006
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAS, MIGUEL A JR.
Address: 1301 PLANTATION ISLAND DR. SUITE 404
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T (X) Change ( ) Addition
Name: MAS, MIGUEL A
Address: 1301 PLANTATION ISLAND DR. SUITE 404
City-St-Zip: ST. AUGUSTINE, FL 32080

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: MIGUEL A MAS JR. MD P 04/12/2006

Electronic Signature of Signing Officer or Director — Date