2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# P05000003029

Entity Name: SUSAN BINOY, M.D., P.A.

Current Principal Place of Business:

2650 S. MCCALL RD.
SUITE C
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

2650 S. MCCALL RD.
SUITE C
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 20-2063894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BINOY, SUSAN
MEDICAL CARE CENTER
2650 S MCCALL ROAD
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

BINOY, SUSAN
2650 SOUTH MCCALL ROAD
SUITE C
ENGLEWOOD, FL 34224 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: 01/03/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BINOY, SUSAN
Address: 2650 S MCCALL ROAD
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: BINOY, SUSAN
Address: 2650 S MCCALL ROAD, SUITE C
City-St-Zip: ENGLEWOOD, FL 34224

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: SUSAN BINOY MD 01/03/2008
Electronic Signature of Signing Officer or Director — Date