2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P05000014173

Entity Name: LAKE MARY FAMILY PHYSICIANS P.A.

Current Principal Place of Business:

910 WILLISTON PARK POINT STE 2050
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

910 WILLISTON PARK POINT STE 2050
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 56-2499046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGEE, EDWARD J M.D.
744 SENECA MEADOWS RD
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

MAGEE, EDWARD J M.D.
1719 SHADYREST COURT
LAKE MARY, FL 32746 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: _____ 04/30/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: MAGEE, EDWARD J M.D.
Address: 744 SENECA MEADOWS RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DVS ( ) Delete
Name: MAGEE, KRISTY JO M.D.
Address: 744 SENECA MEADOWS RD
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: MAGEE, EDWARD J M.D.
Address: 1719 SHADYREST COURT
City-St-Zip: LAKE MARY, FL 32746

Title: DVS (X) Change ( ) Addition
Name: MAGEE, KRISTY JO M.D.
Address: 1719 SHADYREST COURT
City-St-Zip: LAKE MARY, FL 32746

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: EDWARD J. MAGEE M.D. DPT 04/30/2007
Electronic Signature of Signing Officer or Director — Date