2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006
Secretary of State

DOCUMENT# P05000016119

Entity Name: XUNDA A. GIBSON, M.D., INC.

Current Principal Place of Business:

3255 NW 44TH STREET
#4
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

5379 LYONS ROAD
SUITE 183
COCONUT CREEK, FL 33073 US

Current Mailing Address:

3255 NW 44TH STREET
#4
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

5379 LYONS ROAD
SUITE 183
COCONUT CREEK, FL 33073 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON, XUNDA A M.D.
3255 NW 44TH STREET
#4
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

GIBSON, XUNDA A M.D.
5379 LYONS ROAD
SUITE 183
COCONUT CREEK, FL 33073 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: 03/10/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GIBSON, XUNDA A M.D.
Address: 3255 NW 44TH STREET, #4
City-St-Zip: FT. LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GIBSON, XUNDA A M.D.
Address: 5379 LYONS ROAD, SUITE 183
City-St-Zip: COCONUT CREEK, FL 33073 US

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: XUNDA A. GIBSON, MD P 03/10/2006
Electronic Signature of Signing Officer or Director — Date