2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000012747

Entity Name: MEDICAL PRACTICE DEVELOPMENT, COMPANY

Current Principal Place of Business:

1564 OAKADIA LANE
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1564 OAKADIA LANE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 20-4237803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE G KAUFMANN, J.D., P.A.
1564 OAKADIA LANE
CLEARWATER, FL 33764 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: KAUFMANN, BRUCE G J.D.
Address: 1564 OAKADIA LANE
City-St-Zip: CLEARWATER, FL 33764

Title: S (X) Delete
Name: WILSON, JAMES
Address: 8463 PARK BLVD.
City-St-Zip: SEMINOLE, FL 33777

Title: T (X) Delete
Name: CORSALE, RICHARD
Address: 5973 48TH AVE.
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP (X) Delete
Name: WILLIAMS, GARY
Address: 1706 LAKESTONE DRIVE
City-St-Zip: NEW PROT RICHEY, FL 34654

Title: VP (X) Delete
Name: HUNTER, DONAVAN
Address: 1508-A BAY VILLA PLAZA
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: KAUFMANN, BRUCE G J.D.
Address: 1564 OAKADIA LANE
City-St-Zip: CLEARWATER, FL 33764

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

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

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: BRUCE G KAUFMANN PST 04/30/2009

Electronic Signature of Signing Officer or Director — Date