2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# P06000069655

Entity Name: CARDIOVASCULAR HEALTH CONSULTANTS, PA

Current Principal Place of Business:

150 NW 75TH DRIVE
SUITE
GAINESVILLE, FL 32607

New Principal Place of Business:

350 NW 76TH DRIVE
SUITE B
GAINESVILLE, FL 32607

Current Mailing Address:

150 NW 75TH DRIVE
SUITE
GAINESVILLE, FL 32607

New Mailing Address:

350 NW 76TH DRIVE
SUITE B
GAINESVILLE, FL 32607

FEI Number: 20-4869058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, FLOYD W MD
150 NW 75TH DRIVE
SUITE A
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

BURKE, FLOYD W MD
350 NW 76TH DRIVE
SUITE B
GAINESVILLE, FL 32607 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: 06/26/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, O ( ) Delete
Name: BURKE, FLOYD W MD
Address: 150 NW 75TH DRIVE, SUITE A
City-St-Zip: GAINESVILLE, FL 32607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, O (X) Change ( ) Addition
Name: BURKE, FLOYD W MD
Address: 350 NW 76TH DRIVE, SUITE B
City-St-Zip: GAINESVILLE, FL 32607 US

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: FLOYD W. BURKE P.O 06/26/2009
Electronic Signature of Signing Officer or Director — Date