2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000083075

Entity Name: THOMAS P. SAN GIOVANNI MD OF CORAL GABLES, P.A.

Current Principal Place of Business:

1150 CAMP SANO AVENUE
SUITE 200
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1150 CAMP SANO AVENUE
SUITE 200
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-5093901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAN GIOVANNI, THOMAS P
1150 CAMPO SANO AVENUE
SUITE 200
CORAL GABLES, FL 33146 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: SAN GIOVANNI, THOMAS P
Address: 1150 CAMPO SANO AVENUE, SUITE 200
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS P. SANGIOVANNI PRES 04/27/2007

Electronic Signature of Signing Officer or Director — Date