2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2008
Secretary of State

DOCUMENT# P06000110062

Entity Name: SOUTHEASTERN CENTER FOR INFECTIOUS DISEASES, P.A.

Current Principal Place of Business:

1213 TMH COURT
STE A
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3319 DRY CREEK DRIVE
TALLAHASSEE, FL 323094804

New Mailing Address:

1213 TMH COURT
STE A
TALLAHASSEE, FL 32308

FEI Number: 20-5417408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALTERS, DONNA MARIE
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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

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: PSTD ( ) Delete
Name: FORD, PHILBERT J
Address: 3319 DRY CREEK DRIVE
City-St-Zip: TALLAHASSEE, FL 323094804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: FORD, PHILBERT J
Address: 1213 TMH COURT, STE A
City-St-Zip: TALLAHASSEE, FL 32308

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: PHILBERT J. FORD PSTD 05/04/2008

Electronic Signature of Signing Officer or Director — Date