2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008
Secretary of State

DOCUMENT# P07000077728

Entity Name: PETER M. GALLOGLY M.D. INC.

Current Principal Place of Business:

10028 SW 80TH WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

5726 SW 99TH STREET
GAINESVILLE, FL 32608

Current Mailing Address:

10028 SW 80TH WAY
GAINESVILLE, FL 32608

New Mailing Address:

5726 SW 99TH STREET
GAINESVILLE, FL 32608

FEI Number: 51-0634741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLOGLY, PETER M
10028 SW 80TH WAY
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

GALLOGLY, PETER M
5726 SW 99TH STREET
GAINESVILLE, FL 32608 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: 08/19/2008
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: PD ( ) Delete
Name: GALLOGLY, PETER M
Address: 10028 SW 80TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: STD ( ) Delete
Name: CLOSE, JULIA L
Address: 10028 SW 80TH WAY
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GALLOGLY, PETER M
Address: 5726 SW 99TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: STD (X) Change ( ) Addition
Name: CLOSE, JULIA L
Address: 5726 SW 99TH STREET
City-St-Zip: GAINESVILLE, FL 32608

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: PETER M GALLOGLY PD 08/19/2008
Electronic Signature of Signing Officer or Director — Date