2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# P07000093517

Entity Name: JACKSONVILLE PEDIATRIC AND ADULT CONGENITAL CARDIOLOGY, P.A.

Current Principal Place of Business:

13177 CRICKET COVE ROAD
JACKSONVILLE, FL 32224

New Principal Place of Business:

8075 GATE PARKWAY WEST
SUITE 203
JACKSONVILLE, FL 32216

Current Mailing Address:

13177 CRICKET COVE ROAD
JACKSONVILLE, FL 32224

New Mailing Address:

8075 GATE PARKWAY WEST
SUITE 203
JACKSONVILLE, FL 32216

FEI Number: 42-1738605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BITTINGER, ANN M ESQ.
13500 SUTTON PARK DRIVE
SUITE 201
JACKSONVILLE, FL 32224 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: JOYCE, JAMES MD
Address: 13177 CRICKET COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: S, T ( ) Delete
Name: JOYCE, JAMES MD
Address: 13177 CRICKET COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES J. JOYCE, M.D. P 03/14/2008

Electronic Signature of Signing Officer or Director — Date