2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P08000027550

Entity Name: CHRISTOPHER J. KLINE, MD, FACEP, P.A.

Current Principal Place of Business:

8522 TERLIZZI CT
ORLANDO, FL 32836 US

New Principal Place of Business:

1225 SELVA MARINA CIR
ATLANTIC BEACH, FL 32233 US

Current Mailing Address:

8522 TERLIZZI CT
ORLANDO, FL 32836 US

New Mailing Address:

1225 SELVA MARINA CIR
ATLANTIC BEACH, FL 32233 US

FEI Number: 26-2223355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLINE, CHRISTOPHER J
8522 TERLIZZI CT
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

KLINE, CHRISTOPHER J
1225 SELVA MARINA CIR
ATLANTIC BEACH, FL 32233 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: 03/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KLINE, CHRISTOPHER J
Address: 8522 TERLIZZI CT
City-St-Zip: ORLANDO, FL 32836 US

Title: VP ( ) Delete
Name: KLINE, SHYLO M
Address: 8522 TERLIZZI CT
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KLINE, CHRISTOPHER J
Address: 1225 SELVA MARINA CIR
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: VP (X) Change ( ) Addition
Name: KLINE, SHYLO M
Address: 1225 SELVA MARINA CIR
City-St-Zip: ATLANTIC BEACH, FL 32233

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: CHRISTOPHER J KLINE P 03/23/2009
Electronic Signature of Signing Officer or Director — Date