2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P08000067522

Entity Name: AFTER HOURS PEDIATRICS OF OCALA INC

Current Principal Place of Business:

106 SW 17TH ST.
OCALA, FL 344718140

New Principal Place of Business:

Current Mailing Address:

106 SW 17TH ST.
OCALA, FL 344718140

New Mailing Address:

FEI Number: 26-3002643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OKONKWO, MARTIN
1800 SE 32ND AVE
STE 102
OCALA, FL 34471 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: OKONKWO, MARTIN
Address: 1800 SE 32ND AVE
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete
Name: ODUNLAMI, ADEBAYO
Address: 1800 SE 32ND AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ODUNLAMI, ADEBAYO
Address: 106 SW 17TH ST
City-St-Zip: OCALA, FL 34471

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: MARTIN OKONKWO P 04/23/2009

Electronic Signature of Signing Officer or Director — Date