2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2011
Secretary of State

DOCUMENT# P08000097353

Entity Name: PREMIER MEDICAL PEDIATRICS CLINIC, INC.

Current Principal Place of Business:

315 EAST ASH ST
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

3269 GULF WINDS CIRCLE
HERNANDO BEACH, FL 34607 US

New Mailing Address:

315 EAST ASH ST
PERRY, FL 32347

FEI Number: 26-3630406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTANA, LAURIE
3269 GULF WINDS CIRCLE
HERNANDO BEACH, FL 34607 US

Name and Address of New Registered Agent:

SANTANA, LAURIE
12421 CITATION RD
SPRING HILL, FL 34610 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: _____ 02/27/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: KHODR, BILAL MD
Address: 330 BISHOP BLVD
City-St-Zip: PERRY, FL 32347

Title: VP
Name: SANTANA, LAURIE
Address: 12421 CITATION RD
City-St-Zip: SPRING HILL, FL 34610 US

Title: VP
Name: SOFI, ABDUL MD
Address: 126 BULLEN ST
City-St-Zip: PERRY, FL 32347 US

Title: SECR
Name: SANTANA, LAURIE
Address: 12421 CITATION RD
City-St-Zip: SPRING HILL, FL 34610 US

Title: TREA
Name: SANTANA, LAURIE
Address: 12421 CITATION RD
City-St-Zip: SPRING HILL, FL 34610 US

I hereby 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 all other like empowered.

SIGNATURE: LAURIE SANTANA VP 02/27/2011
Electronic Signature of Signing Officer or Director — Date