2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# P09000082196

Entity Name: MEDICAL PROVIDERS OF SOUTH FLORIDA INC

Current Principal Place of Business:

14359 MIRAMAR PKWY., STE. 311
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

14359 MIRAMAR PKWY., STE. 311
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 27-0720319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, LEONA PRES
12401 ORANGE DRIVE
SUITE 132
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

BARNES, LEONA PRES
14359 MIRAMAR PARKWAY
SUITE 311
MIRAMAR, FL 33027 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: _____ 04/16/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: BARNES, LEONA PRES
Address: 14359 MIRAMAR PARKWAY, SUITE 311
City-St-Zip: MIRAMAR, FL 33027

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: LEONA BARNES PRES 04/16/2012
Electronic Signature of Signing Officer or Director — Date