2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: FLAGEL PEDIATRIC & FAMILY MEDICINE, P.A.

Current Principal Place of Business:

2560 N. TOLEDO BLADE BLVD.
NORTH PORT, FL 34289

New Principal Place of Business:

2560 COMMERCE PARKWAY
NORTH PORT, FL 34289

Current Mailing Address:

2560 N. TOLEDO BLADE BLVD.
NORTH PORT, FL 34289

New Mailing Address:

2560 COMMERCE PARKWAY
NORTH PORT, FL 34289

FEI Number: 27-2810084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MICHAEL M ESQ.
17801 MURDOCK CIRCLE
SUITE A
PORT CHARLOTTE, FL 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

OFFICERS AND DIRECTORS:

Title: D
Name: FLAGEL, DAVID A M.D.
Address: 2560 COMMERCE PARKWAY
City-St-Zip: NORTH PORT, FL 34289

Title: D
Name: FLAGEL, SUSAN D D.O.
Address: 2560 COMMERCE PARKWAY
City-St-Zip: NORTH PORT, FL 34289

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: DAVID FLAGEL CEO 07/08/2011

Electronic Signature of Signing Officer or Director — Date