2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# P93000009169

Entity Name: TIMOTHY T. MCLAUGHLIN, M.D., P.A.

Current Principal Place of Business:

3850 TAMPA RD
SUITE 202
PALM HARBOR, FL 34684

New Principal Place of Business:

529 OLD OAK CIRCLE
PALM HARBOR, FL 34683

Current Mailing Address:

3850 TAMPA RD
SUITE 202
PALM HARBOR, FL 34684

New Mailing Address:

529 OLD OAK CIRCLE
PALM HARBOR, FL 34683

FEI Number: 59-3163665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLAUGHLIN, TIMOTHY T
3850 TAMPA RD
SUITE 202
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

MCLAUGHLIN, TIMOTHY T
529 OLD OAK CIRCLE
PALM HARBOR, FL 34683 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: 02/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: MCLAUGHLIN, TIMOTHY T
Address: 3850 TAMPA RD
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MCLAUGHLIN, TIMOTHY T
Address: 529 OLD OAK CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

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: TIMOTHY T. MCLAUGHLIN MD PRES 02/23/2009
Electronic Signature of Signing Officer or Director — Date