2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 06, 2007
Secretary of State

DOCUMENT# P93000030875

Entity Name: JON A. HARMON, M.D., P.A.

Current Principal Place of Business:

BRANDON SURGERY CENTER
711 S. PARSONS AVE.
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

711 S. PARSONS AVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-3181268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARMON, JON A M.D.
18319 WAYNE RD
ODESSA, FL 33556 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 ( ) Delete
Name: HARMON, JON A M.D.
Address: 18319 WAYNE RD
City-St-Zip: ODESSA, FL 33556

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARMON, JON A M.D.
Address: 18319 WAYNE RD
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Change (X) Addition
Name: MASIELLO, JOHN T M.D.
Address: 2569 REGAL RIVER ROAD
City-St-Zip: VALRICO, FL 33596

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: JON A. HARMON P 09/06/2007

Electronic Signature of Signing Officer or Director — Date