2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# P93000072743

Entity Name: CARROLLWOOD EMERGENCY PHYSICIANS, P.A.

Current Principal Place of Business:

7171 N DALE MABRY HWY
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

12479 TELECOM DR
TAMPA, FL 33637

New Mailing Address:

FEI Number: 59-3206171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOLEY & LARDNER CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: FRANKLIN, H. HOWARD
Address: 3100 E. FLETCHER
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete
Name: FAVATA, JOHN J
Address: 16612 SEDONA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete
Name: HULLS, JAMES R
Address: 6401 JOSEPHINE ARBOR
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDRE LANDREVILLE, MD DR. 03/12/2007

Electronic Signature of Signing Officer or Director — Date