2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P94000019601

Entity Name: KRATZ ALLERGY, ASTHMA & IMMUNOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

11031 US 19
SUITE 102
PORT RICHEY, FL 34668

New Principal Place of Business:

8202 WASHINGTON STREET
PORT RICHEY, FL 34668

Current Mailing Address:

11031 US 19
SUITE 102
PORT RICHEY, FL 34668

New Mailing Address:

8202 WASHINGTON STREET
PORT RICHEY, FL 34668

FEI Number: 59-3235439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRATZ, JAIME MD
11031 US 19, SUITE 102
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

KRATZ, JAIME MD
8202 WASHINGTON STREET
PORT RICHEY, FL 34668 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: 04/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: KRATZ, JAIME MD
Address: 11031 US 19
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: KRATZ, JAIME MD
Address: 8202 WASHINGTON STREET
City-St-Zip: PORT RICHEY, FL 34668

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: JAIME KRATZ, M.D. DR. 04/29/2008
Electronic Signature of Signing Officer or Director — Date