2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P94000030360

Entity Name: OCALA DERMATOLOGY AND SKIN CANCER CENTER, P.A.

Current Principal Place of Business:

3233 SW 33RD RD
101
OCALA, FL 34474 US

New Principal Place of Business:

3233 SW 33RD RD
#101
OCALA, FL 34474 US

Current Mailing Address:

3233 SW 33RD RD
101
OCALA, FL 34474 US

New Mailing Address:

3233 SW 33RD RD
#101
OCALA, FL 34474 US

FEI Number: 59-3238249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLOWAY, KATHRYN B
3233 S.W. 33RD RD., #101
PADDOCK PARK PROFESSIONAL CENTER
OCALA, FL 34474 US

Name and Address of New Registered Agent:

HOLLOWAY, KATHRYN B
3233 SW 33RD RD
#101
OCALA, FL 34474 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: 02/18/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOLLOWAY, KATHRYN M MD
Address: 3233 SW 33RD ROAD, #101
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: BARTON, PHILIP MD
Address: 3233 SW 33RD ROAD, #101
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOLLOWAY, KATHRYN B MD
Address: 3233 SW 33RD ROAD, #101
City-St-Zip: OCALA, FL 34474

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

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: KATHYRN B HOLLOWAY PRES 02/18/2009
Electronic Signature of Signing Officer or Director — Date