2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# P96000077869

Entity Name: DAVID A. PETERSEN, M.D., P.A.

Current Principal Place of Business:

2730 MCMULLEN BOOTH RD
SUITE #201
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

2730 MCMULLEN BOOTH RD
SUITE #201
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-3402417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSEN, DAVID A M.D.
2730 MCMULLEN BOOTH RD
#201
CLEARWATER, FL 33761 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: PSTD ( ) Delete
Name: PETERSEN, DAVID A M.D.
Address: 2730 MCMULLEN BOOTH RD, #201
City-St-Zip: CLEARWATER, FL 33761 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: DENYS, ANNE
Address: 2730 MCMULLEN BOOTH RD, #201
City-St-Zip: CLEARWATER, FL 33761

Title: VP ( ) Change (X) Addition
Name: HAMPTON, MARY
Address: 2730 MCMULLEN BOOTH RD, #201
City-St-Zip: CLEARWATER, FL 33761

Title: VP ( ) Change (X) Addition
Name: DIGIOVANNA, JOE
Address: 2730 MCMULLEN BOOTH RD, #201
City-St-Zip: CLEARWATER, FL 33761

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: DAVID PETERSEN PSTD 05/03/2006

Electronic Signature of Signing Officer or Director — Date