2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# P96000080180

Entity Name: JOSE A. NUNEZ, MD, P.A.

Current Principal Place of Business:

2541 SW 27 AVE
SUITE# 202
MIAMI, FL 33133 US

New Principal Place of Business:

1800 SW 27 AVE
SUITE# 200
MIAMI, FL 33145 US

Current Mailing Address:

2541 SW 27 AVE #202
MIAMI, FL 33133 US

New Mailing Address:

1800 SW 27 AVE
SUITE# 200
MIAMI, FL 33145 US

FEI Number: 65-0721380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNEZ, JOSE A MD
301 MADEIRA AVE
APT# 6B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

NUNEZ, JOSE A MD
1249 VENETIA AVE
CORAL GABLES, FL 33134 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: _____ 04/07/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: NUNEZ, JOSE A MD, PA
Address: 2541 SW 24 AVE #202
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: NUNEZ, JOSE A MD, PA
Address: 2541 SW 27 AVE #202
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: NUNEZ, JOSE A MD, PA
Address: 1800 SW 27AVE #200
City-St-Zip: MIAMI, FL 33145

Title: D (X) Change ( ) Addition
Name: NUNEZ, JOSE A MD, PA
Address: 1800 SW 27 AVE #200
City-St-Zip: MIAMI, FL 33145

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: JOSE A. NUNEZ, M.D. MD 04/07/2008
Electronic Signature of Signing Officer or Director — Date