2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000080763

FILED Apr 20, 2009 Secretary of State

Entity Name: WELLMED MEDICAL MANAGEMENT OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 8637 FREDERICKSBURG ROAD SUITE 360 SAN ANTONIO, TX 78240 **New Mailing Address: Current Mailing Address:** 8637 FREDERICKSBURG ROAD SUITE 360 SAN ANTONIO, TX 78240 FEI Number: 74-2797745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition RAPIER, GEORGE M III Name: Name: RAPIER, GEORGE M III 8637 FREDERICKSBURG RD, SUITE 360 8637 FREDERICKSBURG RD, SUITE 360 Address: Address: City-St-Zip: SAN ANTONIO, TX 78240 US City-St-Zip: SAN ANTONIO, TX 78240 US Title: () Delete Title: (X) Change () Addition Name: NUGENT, P TERRENCE Name: NUGENT, P T M.D. 8637 FREDERICKSBURG RD, SUITE 360 8637 FREDERICKSBURG RD, SUITE 360 Address: Address: SAN ANTONIO, TX 78240 US SAN ANTONIO, TX 78240 US City-St-Zip: City-St-Zip:

Title: Title: () Delete DIR (X) Change () Addition GRUNDHOEFER, BRYAN D GRUNDHOEFER, BRYAN D Name: Name: 8637 FREDERICKSBURG RD. SUITE 360 Address: Address:

8637 FREDERICKSBURG RD, SUITE 360

City-St-Zip: SAN ANTONIO, TX 78240 US City-St-Zip: SAN ANTONIO, TX 78240 US

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: BRYAN GRUNDHOEFER BG 04/20/2009