2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

DOCUMENT# P97000047391

Entity Name: BLOCK, NATION, CHASE, & SMOLEN FAMILY MEDICINE, INC.

Current Principal Place of Business:

2441 W. STATE RD 426
2011
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2441 W. STATE RD 426
2011
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3451416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABRET, STEVEN M
226 HILLCREST ST.
ORLANDO, FL 32801 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: D
Name: BLOCK, BRADLEY
Address: 2441 W. STATE ROAD 426, STE 2011
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: NATION, AMY J
Address: 2441 W. STATE ROAD 426, STE 2011
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: CRAIG, CHASE P
Address: 2441 W. STATE ROAD 426, STE 2011
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: SMOLEN, SUSAN G
Address: 2441 W. STATEROAD 426, STE 2011
City-St-Zip: OVIEDO, FL 327

I hereby 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 all other like empowered.

SIGNATURE: THEODRA CASTOR MANA 01/19/2011

Electronic Signature of Signing Officer or Director — Date