2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2011
Secretary of State

DOCUMENT# P97000103271

Entity Name: JOHN S. POSER, M.D., P.A.

Current Principal Place of Business:

720 SW 2ND AVENUE
SUITE 452
GAINESVILLE, FL 32601

New Principal Place of Business:

12921 SW 1ST ROAD
SUITE 219
TIOGA, FL 32669

Current Mailing Address:

720 SW 2ND AVENUE
SUITE 452
GAINESVILLE, FL 32601

New Mailing Address:

12921 SW 1ST ROAD
SUITE 219
TIOGA, FL 32669

FEI Number: 59-3484244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSER, JOHN S M.D.
720 SW 2ND AVENUE, SUITE 452
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

POSER, JOHN S M.D.
12921 SW 1ST ROAD
SUITE 219
TIOGA, FL 32669 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: 02/01/2011

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: POSER, JOHN S M.D.
Address: 12921 SW 1ST ROAD SUITE 219
City-St-Zip: TIOGA, FL 32669

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: JOHN S. POSER D 02/01/2011

Electronic Signature of Signing Officer or Director — Date