2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 AM
Secretary of State

DOCUMENT# P97000109056

Entity Name: SOUTHWEST MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

6009 9TH ST N
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

6009 9TH STREET NORTH
ST PETERSBURG, FL 33703

Current Mailing Address:

6009 9TH ST N
SAINT PETERSBURG, FL 33703

New Mailing Address:

6009 9TH STREET NORTH
ST PETERSBURG, FL 33703

FEI Number: 59-3483681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: 04/19/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP (X) Delete
Name: MCKINNON, RUSSELL E
Address: 221 TAYLOR STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: MCKINNON, RUSSELL E
Address: 6009 9TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33703

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MCKINNON, RUSSELL E
Address: 6009 9TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33703

Title: P ( ) Change (X) Addition
Name: RYAN, OKEY R
Address: 6009 9TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OKEY R RYAN P 04/19/2002
Electronic Signature of Signing Officer or Director — Date