2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P98000017027

Entity Name: JOHN ZAK, III, P.A.

Current Principal Place of Business:

325 CLYDE MORRIS BLVD
390
ORMOND BEACH, FL 32174

New Principal Place of Business:

21 HOSPITAL DRIVE
250
PALM COAST, FL 32164

Current Mailing Address:

325 CLYDE MORRIS BLVD
390
ORMOND BEACH, FL 32174

New Mailing Address:

21 HOSPITAL DRIVE
250
PALM COAST, FL 32164

FEI Number: 59-3500369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAK, JOHN III
325 CLYDE MORRIS BLVD
SUITE 390
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

ZAK, JOHN III
21 HOSPITAL DRIVE
SUITE 250
PALM COAST, FL 32164 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: 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZAK, JOHN III
Address: 325 CLYDE MORRIS BLVD, SUITE 390
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ZAK, JOHN III
Address: 21 HOSPITAL DRIVE, SUITE 250
City-St-Zip: PALM COAST, FL 32164

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: JOHN ZAK III OWNE 03/24/2009
Electronic Signature of Signing Officer or Director — Date