2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008
Secretary of State

DOCUMENT# P98000045179

Entity Name: O & P CLINICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

6830 NW 11TH PL
STE A
GAINESVILLE, FL 32605

New Principal Place of Business:

6800 NW 9TH BLVD
STE 3
GAINESVILLE, FL 32605

Current Mailing Address:

6830 NW 11TH PL
STE A
GAINESVILLE, FL 32605

New Mailing Address:

6800 NW 9TH BLVD
STE 3
GAINESVILLE, FL 32605

FEI Number: 59-3516882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRUSAKOWSKI, PAUL E
6830 NW 11TH PL
STE A
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

PRUSAKOWSKI, PAUL E
6830 NW 9TH BLVD
STE 3
GAINESVILLE, FL 32605 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: _____ 09/04/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PRUSAKOWSKI, PAUL E
Address: 5204 SW 79TH TERR
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PAUL E. PRUSAKOWSKI PD 09/04/2008
Electronic Signature of Signing Officer or Director — Date