2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055039

Entity Name: COOLEY GEORGE PANTAZIS, M.D., P.A.

FILED Feb 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 5871 131 SW 15TH ST OCALA, FL 344785971 OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** P.O. BOX 5871 OCALA, FL 344785971 FEI Number: 59-3520196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PANTAZIS, COOLEY GEORGE M.D. MUNROE REGIONAL MEDICAL CENTER 131 S.W. 15TH STREET OCALA, FL 34474 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition PANTAZIS, COOLEY GEORGE M.D. Name: Name: 131 S.W. 15TH STREET Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: PANTAZIS, ELLEN Name: 2240 SE 5TH ST Address: Address: OCALA, FL 34471 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN PANTAZIS VP 02/10/2007