2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P98000055039

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

Current Principal Place of Business:

131 SW 15TH ST
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5871
OCALA, FL 344785971

New Mailing Address:

FEI Number: 59-3520146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANTAZIS, COOLEY G M.D
MUNROE REGIONAL MEDICAL CENTER
131 S.W. 15TH STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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:

Title: PRES ( ) Delete
Name: PANTAZIS, COOLEY G M.D.
Address: 131 S.W. 15TH STREET
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: PANTAZIS, ELLEN
Address: 2240 SE 5TH ST
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: COOLEY G PANTAZIS PRES 02/06/2009

Electronic Signature of Signing Officer or Director — Date