2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# P98000070269

Entity Name: PAUL A. VIGNOLA, M.D. & ASSOCIATES, P.A.

Current Principal Place of Business:

MT. SINAI MEDICAL CENTER,4300 ALTON RD.
MIAMI BEACH, FL 33140

New Principal Place of Business:

8320 CHERYL LANE
MIAMI, FL 33143

Current Mailing Address:

MT. SINAI MEDICAL CENTER,4300 ALTON RD.
MIAMI BEACH, FL 33140

New Mailing Address:

8320 CHERYL LANE
MIAMI, FL 33143

FEI Number: 65-0858929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLOUCHA, L.M. ESQUIRE
ONE FINANCIAL PLAZA STE 1400
100 SE 3RD AVE
FORT LAUDERDALE, FL 33394 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: D ( ) Delete
Name: VIGNOLA, PAUL A
Address: MT. SINAI MEDICAL CENTER,4300 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140

Title: V (X) Delete
Name: VADILLO, ALBERT E
Address: MT SINAI MEDICAL CTR, 4300 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VIGNOLA, PAUL A
Address: 8320 CHERYL LANE
City-St-Zip: MIAMI, FL 33143

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: LAURA TURNER CPA 02/11/2009

Electronic Signature of Signing Officer or Director — Date