2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P98000104111

Entity Name: JAMES A. VOGLINO M.D., P.A.

Current Principal Place of Business:

6280 SUNSET DRIVE
SUITE 503
MIAMI, FL 33143

New Principal Place of Business:

6705 RED ROAD
SUITE 606
CORAL GABLES, FL 33143

Current Mailing Address:

6280 SUNSET DRIVE
SUITE 503
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0880587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOGLINO, JAMES MD
60 EDGEWATER DR 1602-TOWER 2
CORAL GABLES, FL 33133 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: PS ( ) Delete
Name: VOGLINO, JAMES A MD
Address: 60 EDGEWATER DR., 1602-TOWER 2
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: VOGLINO, JAMES A MD
Address: 60 EDGEWATER DR., 1602-TOWER 2
City-St-Zip: CORAL GABLES, FL 33133

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: JAMES A. VOGLINO, M.D., P.A. PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date