2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# P99000005872

Entity Name: NORTH FLORIDA LAND HOLDING, INC.

Current Principal Place of Business:

3627 UNIVERSITY BLVD. S
STE. 200
JACKSONVILLE, FL 32216

New Principal Place of Business:

3627 UNIVERSITY BLVD. S
STE. 200
JACKSONVILLE, FL 32216-425 US

Current Mailing Address:

3627 UNIVERSITY BLVD. S
STE. 200
JACKSONVILLE, FL 32216

New Mailing Address:

3627 UNIVERSITY BLVD. S
STE. 200
JACKSONVILLE, FL 32216-425 US

FEI Number: 59-3568449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILBUR, JOHN H
4161 CARMICHAEL STREET
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

WILBUR, JOHN H
4161 CARMICHAEL STREET
SUITE 152
JACKSONVILLE, FL 32207 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: 03/09/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FOX, MICHAEL D
Address: 937 SARATOGA RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: FOX, MICHAEL D MD
Address: 937 SARATOGA RD
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL D FOX MD DR 03/09/2004
Electronic Signature of Signing Officer or Director — Date