2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# P99000017176

Entity Name: WALESKA GALINDEZ, M.D., P.A.

Current Principal Place of Business:

1843 TATTENHAM WAY
ORLANDO, FL 32837

New Principal Place of Business:

5273 CURRY FORD ROAD
ORLANDO, FL 32812

Current Mailing Address:

WALESKA GAUNDEZ ALDPA
P O BOX 771000
ORLANDO, FL 328771000

New Mailing Address:

WALESKA GALINDEZ MDPA
P O BOX 771000
ORLANDO, FL 328771000

FEI Number: 59-3563651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIGUEROA, JOSE R
1843 TATTENHAM WAY
ORLANDO, FL 328376512 US

Name and Address of New Registered Agent:

FIGUEROA, JOSE R
5273 CURRY FORD ROAD
ORLANDO, FL 32812 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: _____ 02/26/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GALINDEZ, WALESKA
Address: 1843 TATTENHAM WAY
City-St-Zip: ORLANDO, FL 328376512

Title: O ( ) Delete
Name: FIGUILOA, JOSE R
Address: 1843 TATTENHAM WAY
City-St-Zip: ORLANDO, FL 328376512

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GALINDEZ, WALESKA
Address: 5273 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32812

Title: O (X) Change ( ) Addition
Name: FIGUEROA, JOSE R
Address: 5273 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32812

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: WALESKA GALINDEZ MD DIRE 02/26/2009
Electronic Signature of Signing Officer or Director — Date