2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P99000038328

Entity Name: MAJORIE LEWIS, M.D., FAMILY PRACTICE, P.A.

Current Principal Place of Business:

3917 LEE BLVD.
LEHIGH ACRES, FL 33971

New Principal Place of Business:

1590 SW 139TH AVE
DAVIE, FL 33325

Current Mailing Address:

1590 SW 139 TH AVENUE
DAVIE, FL 33325

New Mailing Address:

1590 SW 139TH AVE
DAVIE, FL 33325

FEI Number: 65-0918104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEWIS, MAJORIE
3917 LEE BLVD.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

LEWIS, MAJORIE
1590 SW 139TH AVE
DAVIE, FL 33325 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: _____ 04/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: LEWIS, MAJORIE
Address: 3917 LEE BLVD.
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: LEWIS, MAJORIE
Address: 1590 SW 139TH AVE
City-St-Zip: DAVIE, FL 33325

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: MAJORIE LEWIS M.D. PRES 04/14/2009
Electronic Signature of Signing Officer or Director — Date