2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# P99000042469

Entity Name: ACCESS PHYSICIANS CLINIC, INC.

Current Principal Place of Business:

14925 MAHOE COURT
FORT MYERS, FL 33908

New Principal Place of Business:

14925 MAHOE COURT
FORT MYERS, FL 33908 US

Current Mailing Address:

14925 MAHOE COURT
5
FORT MYERS, FL 33908

New Mailing Address:

14925 MAHOE COURT
FORT MYERS, FL 33908 US

FEI Number: 65-0919973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLENBERGER, JOHN H SR.
14925 MAHOE COURT
5
FORT MYERS, FL 33908

Name and Address of New Registered Agent:

KELLENBERGER, JOHN H SR.
14925 MAHOE COURT
FORT MYERS, FL 33908 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: _____ 01/23/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELLENBERGER, JOHN H SR.
Address: 14925 MAHOE COURT
City-St-Zip: FORT MYERS, FL 33908

Title: DST ( ) Delete
Name: KELLENBERGER, KATHLEEN J
Address: 12951 METRO PARKWAY SUITE 5
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KELLENBERGER, JOHN H SR.
Address: 14925 MAHOE COURT
City-St-Zip: FORT MYERS, FL 33908 US

Title: DST (X) Change ( ) Addition
Name: KELLENBERGER, KATHLEEN J
Address: 14925 MAHOE COURT
City-St-Zip: FORT MYERS, FL 33908 US

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: JOHN H KELLENBERGER, SR PD 01/23/2004
Electronic Signature of Signing Officer or Director — Date