2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054601

Entity Name: LEMON BAY PHYSICIANS, P.A.

FILED Apr 26, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|---|----------------------------|---|--|--|
| 1885 ENGLEWOOD ROAD ENGLEWOOD, FL 34223 | | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 1885 ENGLEWOOD ROAD ENGLEWOOD, FL 34223 | | | | | |
| FEI Number: | 65-0920041 | FEI Number Applied For () | I Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| 1861 PLAC | N, THOMAS F IDA ROAD S' IOD, FL 3422 | TE 205 | | | |
| 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: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () LOGAN, STEPH 8255 MANASOT ENGLEWOOD, | A KEY RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () BASSETTI, KAF 2140 W DOLPH ENGLEWOOD, | IIN DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () SHARMA, OM D 144 BRANDYW ENGLEWOOD, | INE CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN BASSETTI DO D 04/26/2006