2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005
Secretary of State

DOCUMENT# P99000088283

Entity Name: SUN CENTER MEDICAL I, INC.

Current Principal Place of Business:

1590 NORTHEAST 162ND STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

1590 NORTHEAST 162ND STREET
500
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1590 NORTHEAST 162ND STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

1590 NORTHEAST 162ND STREET
500
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0989640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZIPKIN, SHELDON ESQ
2020 NE 163RD STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JACOBSON, PAUL DO
Address: 1590 NORTHEAST 162ND STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: JACOBSON, PAUL DO
Address: 1590 NORTHEAST 162ND STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: PAUL JACOBSEN D.O. DR. 07/21/2005

Electronic Signature of Signing Officer or Director — Date