2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

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Entity Name: ROGERS CAIN, M.D., P.A.

Current Principal Place of Business:

9390 LEM TURNER RD
ONE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

9390 LEM TURNER RD
ONE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3612977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, ROBIN K.
9526 ARGYLE FOREST BLVD
SUITE B2 #135
JACKSONVILLE, FL 32222 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

OFFICERS AND DIRECTORS:

Title: PST
Name: CAIN, ROGERS M.D.
Address: 9390 LEM TURNER RD # 1
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: ROGERS CAIN PST 04/10/2012

Electronic Signature of Signing Officer or Director — Date