2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2011
Secretary of State

DOCUMENT# S17332

Entity Name: FAMILY HEALTH CENTER, PEDIATRICS AND FAMILY PRACTICE, P.A.

Current Principal Place of Business:

245 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

245 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-3035466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOI, DAE SUNG, M.D.
245 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169 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: PD
Name: CHOI, DAE SUNG, M.D.
Address: 1813 BEACON STREET
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: STD
Name: CHOI, KWANG JOON, M.D.
Address: 1813 BEACON STREET
City-St-Zip: NEW SMYRNA BCH, FL 32169

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: DAE SUNG CHOI PD 01/16/2011

Electronic Signature of Signing Officer or Director — Date