2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# S68943

Entity Name: CARDIOPULMONARY & PRIMARY CARE ASSOCIATES, P.A.

Current Principal Place of Business:

1801 SOUTHEAST HILLMOOR DRIVE
SUITE 110
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

1801 SOUTHEAST HILLMOOR DRIVE
STE A110
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1801 SOUTHEAST HILLMOOR DRIVE
SUITE 110
PORT ST. LUCIE, FL 34952

New Mailing Address:

1801 SOUTHEAST HILLMOOR DRIVE
STE A110
PORT ST. LUCIE, FL 34952

FEI Number: 65-0244070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURNER, JOHN A ESQ
ARNSTEIN & LEHR LLP
515 NORTH FLAGLER DRIVE, STE 600
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

TURNER, JOHN A ESQ
BUCKINGHAM DOLITTLE & BURROUGH,LLP
515 NORTH FLAGLER DRIVE, STE 950
WEST PALM BEACH, FL 33401 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: _____ 01/10/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: HOFFMAN, DONALD B. J, R.MD
Address: 1801 S.E. HILLMOOR DRIVE
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: HOFFMAN, DONALD B. J, R.MD
Address: 1801 S.E. HILLMOOR DRIVE, STE A110
City-St-Zip: PORT ST. LUCIE, FL

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: DONALD B HOFFMAN DR 01/10/2007
Electronic Signature of Signing Officer or Director — Date