2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# S69792

Entity Name: BRUCE I. TIMINS, M.D., P.A.

Current Principal Place of Business:

1283 SW STATE ROAD 47
SUITE 102
LAKE CITY, FL 32025 US

New Principal Place of Business:

1154 LEE BLVD
SUITE 2
LEHIGH ACRES, FL 33936 US

Current Mailing Address:

1283 SW STATE ROAD 47
SUITE 102
LAKE CITY, FL 32025 US

New Mailing Address:

696 SW SPRING HOLLOW DR
LAKE CITY, FL 32055 US

FEI Number: 59-3084463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIMINS, BRUCE I
1283 SW STATE ROAD 47
SUITE 102
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

TIMINS, BRUCE I
696 SW SPRING HOLLOW DR
LAKE CITY, FL 32025 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: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete
Name: TIMINS, BRUCE I
Address: 1283 SW STATE ROAD 47
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE I TIMINS MD P 04/30/2009
Electronic Signature of Signing Officer or Director — Date