2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004
Secretary of State

DOCUMENT# V47051

Entity Name: INTERNAL MEDICINE GROUP OF WINTER HAVEN, P.A.

Current Principal Place of Business:

400 AVENUE K, S.E.
WINTER HAVEN, FL 33880

New Principal Place of Business:

400 AVENUE K, S.E.
SUITE 11
WINTER HAVEN, FL 33880 US

Current Mailing Address:

400 AVENUE K, S.E.
WINTER HAVEN, FL 33880

New Mailing Address:

400 AVENUE K, S.E.
SUITE 11
WINTER HAVEN, FL 33880 US

FEI Number: 59-3121610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, ROBIN A.
400 AVENUE K, S.E.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

BAKER, ROBIN A.
400 AVENUE K, S.E.
SUITE 11
WINTER HAVEN, FL 33880 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: 03/10/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAKER, ROBIN A.,
Address: 400 AVENUE K, SE
City-St-Zip: WINTER HAVEN, FL

Title: VP ( ) Delete
Name: KORLEY, SAM M
Address: 400 AVENUE K, SE
City-St-Zip: WINTER HAVEN, FL

Title: ST ( ) Delete
Name: HUNTER, JEFFREY L
Address: 400 AVE K.S.E.
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BAKER, ROBIN A.,
Address: 400 AVENUE K, SE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: VP (X) Change ( ) Addition
Name: KORLEY, SAM M
Address: 400 AVENUE K, SE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: ST (X) Change ( ) Addition
Name: HUNTER, JEFFREY L
Address: 400 AVE K.S.E.
City-St-Zip: WINTER HAVEN, FL 33880 US

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: ROBIN A. BAKER, M.D. PRES 03/10/2004
Electronic Signature of Signing Officer or Director — Date