2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N04000011014

Entity Name: AFFORDABLE MEDICAL CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

4625 N. MANHATTAN AVE.
STE. O
TAMPA, FL 33614 US

New Principal Place of Business:

30233 LETTINGWELL CIRCLE
WESLEY CHAPEL, FL 33543 US

Current Mailing Address:

4625 N. MANHATTAN AVE.
STE. O
TAMPA, FL 33614 US

New Mailing Address:

30233 LETTINGWELL CIRCLE
WESLEY CHAPEL, FL 33543 US

FEI Number: 20-2328138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KNODT, JENNY L
4625 N. MANHATTAN AVE.
STE O
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

KNODT, JENNY L
30233 LETTINGWELL CIRCLE
WESLEY CHAPEL, FL 33543 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: _____ 05/02/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete
Name: KNODT, JENNY L
Address: 30233 LETTINGWELL CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: VP,D ( ) Delete
Name: HILTON, JEANNIE
Address: 19321 CRESCENT DRIVE
City-St-Zip: ODESSA, FL 33556 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNY L KNODT P.D. 05/02/2005
Electronic Signature of Signing Officer or Director — Date