2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N97000003132

Entity Name: FAMILY HEALTH CARE CENTERS OF MANATEE, INC.

Current Principal Place of Business:

12271 US HWY 701 N
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

P O BOX 469
PARRISH, FL 34219 US

New Mailing Address:

FEI Number: 65-0852321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBINSON, LAYON F II
442 OLD MAIN ST.
BRADENTON, FL 34205 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: P ( ) Delete
Name: PRESHA, WALTER
Address: P O BOX 499
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete
Name: MCKAY, JOHN
Address: 1001 3RD AVENUE WEST,STE 600
City-St-Zip: BRADENTON, FL 34205

Title: D ( ) Delete
Name: NEFF, JERRY
Address: 4702 CORTEZ ROAD WEST
City-St-Zip: BRADENTON, FL 34210

Title: D ( ) Delete
Name: KLEIN, MEL
Address: 416 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: WALTER L PRESHA P 01/16/2009

Electronic Signature of Signing Officer or Director — Date