2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# P03000108917

Entity Name: FIRST HEALTH, INCORPORATED

Current Principal Place of Business:

3201 NE 183RD STREET
#1007
AVENTURA, FL 33160 US

New Principal Place of Business:

10800 BISCAYNE BOULEVARD
C/O WIL MORRIS, P.A., SUITE 560
MIAMI, FL 33161 US

Current Mailing Address:

3201 NE 183RD STREET
#1007
AVENTURA, FL 33160 US

New Mailing Address:

10800 BISCAYNE BOULEVARD
C/O WIL MORRIS, P.A., SUITE 560
MIAMI, FL 33161 US

FEI Number: 90-0121358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANSFIELD, GARY N
3201 NE 183RD STREET
#1007
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

J. WIL MORRIS, P.A.
10800 BISCAYNE BLVD, C/O WIL MORRIS, ESQ.
SUITE 560
MIAMI, FL 33161 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: J. WIL MORRIS, P.A. 04/07/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MANSFIELD, GARY N
Address: 3201 NE 183RD STREET #1007
City-St-Zip: AVENTURA, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: MANSFIELD, GARY N
Address: C/O WIL MORRIS, ESQ., 10800 BISCAYNE BLVD,
City-St-Zip: MIAMI, FL 33161 US

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: GARY N. MANSFIELD P/D 04/07/2008
Electronic Signature of Signing Officer or Director Date