

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 16, 2008  
Secretary of State**

DOCUMENT# P04000037212

Entity Name: FREEDOM HEALTH, INC.

**Current Principal Place of Business:**

5403 CHURCH AVENUE N  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 152697  
TAMPA, FL 33684

**New Mailing Address:**

FEI Number: 41-2128275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAGIDIPATI, SIDDHARTHA  
1321 SW 42ND ST  
OCALA, FL 34474      US

**Name and Address of New Registered Agent:**

WILSON, KARREN A  
5600 MARINER STREET, SUITE 227  
TAMPA, FL 33609      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: KARREN WILSON      05/16/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title:      O      ( ) Delete  
Name:      PAGIDIPATI, DEVAIAH M D  
Address:      2955 SE 3RD CT  
City-St-Zip:      Ocala, FL 34471

Title:      D      (X) Delete  
Name:      PAGIDIPATI, SIDDHARTHA  
Address:      1321 SW 42ND STREET  
City-St-Zip:      Ocala, FL 34474

Title:      D      (X) Delete  
Name:      PAGIDIPATI, SRUJANI  
Address:      229 SW 23RD TERRACE  
City-St-Zip:      GAINESVILLE, FL 32607

Title:      D      (X) Delete  
Name:      RAO, KRISHNA P  
Address:      1133 SE 18TH PLACE #1  
City-St-Zip:      Ocala, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      D      (X) Change ( ) Addition  
Name:      PATEL, KIRAN C M D  
Address:      5403 CHURCH AVENUE N  
City-St-Zip:      TAMPA, FL 33614

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

SIGNATURE: KIRAN C. PATEL      D      05/16/2008  
Electronic Signature of Signing Officer or Director      Date