

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074224

FILED
Apr 13, 2009
Secretary of State

Entity Name: MCC HEALTH GROUP, INC.

Current Principal Place of Business:

3550 BUSCHWOOD PARK DR
SUITE 245
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3550 BUSCHWOOD PARK DR
SUITE 245
TAMPA, FL 33618

New Mailing Address:

FEI Number: 01-0903378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, JAMES E
3550 BUSHWOOD PARK DR., SUITE 245
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

KELLY, JAMES E
3550 BUSCHWOOD PARK DR., SUITE 245
TAMPA, FL 33618 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:

Electronic Signature of Registered Agent

04/13/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, JAMES E
Address: 3550 BUSHWOOD PARK DR., SUITE 245
City-St-Zip: TAMPA, FL 33618

Title: DST () Delete
Name: KELLY, MACKLIN H
Address: 3550 BUSHWOOD PARK DR., SUITE 245
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BRAUN, MITCHELL V
Address: 3550 BUSHWOOD PARK DR., SUITE 245
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: TOWNSEND, DWAYNE E
Address: 3550 BUSHWOOD PARK DR., SUITE 245
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: DUKE, LOYD A
Address: 3550 BUSHWOOD PARK DR., SUITE 245
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: DIR () Change (X) Addition
Name: BRAUN, MITCHELL V
Address: 3550 BUSCHWOOD PARK DR. SUITE 245
City-St-Zip: TAMPA, FL 33618 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: MITCHELL V. BRAUN

Electronic Signature of Signing Officer or Director

DIR

04/13/2009

Date