2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F03000004367

Entity Name: PHOENIX MEDICAL CONSTRUCTION CO., INC.

Current Principal Place of Business:

681 CHESTNUT STREET
UNION, NJ 07083

New Principal Place of Business:

Current Mailing Address:

681 CHESTNUT STREET
UNION, NJ 07083

New Mailing Address:

FEI Number: 22-3566076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINDLAY, STEPHEN W
4545 MARIOTTI CT., UNIT C
SARASOTA, FL 34233 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHULTZ, JOHN F
Address: 1 STARRETT COURT
City-St-Zip: SPARTA, NJ 07871

Title: VP ( ) Delete
Name: FINDLAY, STEPHEN W
Address: 5170 COTE DU RHONE WAY
City-St-Zip: SARASOTA, FL 34238

Title: S ( ) Delete
Name: ROBERTSON, MARK J
Address: 172 ARGYLE ROAD
City-St-Zip: STEWART MANOR, NY 11530

Title: T ( ) Delete
Name: SHORTELL, THOMAS F
Address: 1 SAM DRIVE
City-St-Zip: TINTON FALLS, NJ 07724

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

SIGNATURE: THOMAS F. SHORTELL T 03/25/2009

Electronic Signature of Signing Officer or Director — Date