## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51872

Entity Name: VALRICO MEDICAL CARE, P.A.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O SAM E. SCOLARO 14701 NORTH FLORIDA AVENUE

1810 E. S.R.60 TAMPA, FL 33613 VALRICO, FL 33594

Current Mailing Address: New Mailing Address:

C/O SAM E. SCOLARO
201 NORTH FRANKLIN STREET
SUITE 2000
201 NORTH FRANKLIN STREET

VALRICO, FL 33594 TAMPA, FL 33602

FEI Number: 59-2132260 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCOLARO, SAM E. MOORE, CHARLES A ESQ.
1810 E. S.R. 60 201 NORTH FRANKLIN STREET

VALRICO, FL 33594 US SUITE 2000 TAMPA, FL 33602 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: CHARLES A. MOORE 04/22/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: DP ( ) Delete Title: PSTD (X) Change ( ) Addition

Name: SCOLARO, SAM E, Name: SHAH, DIPAK

Address: 1810 E S R 60 Address: 14701 NORTH FLORIDA AVENUE

City-St-Zip: VALRICO, FL 33594 City-St-Zip: TAMPA, FL 33613

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: DIPAK SHAH P 04/22/2008