2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# F51872

Entity Name: VALRICO MEDICAL CARE, P.A.

Current Principal Place of Business:

840 E. BRANDON BLVD., STE. A
BRANDON, FL 33510

New Principal Place of Business:

143 NORTH OAKWOOD AVE.
BRANDON, FL 33510

Current Mailing Address:

840 E. BRANDON BLVD., STE. A
BRANDON, FL 33510

New Mailing Address:

143 NORTH OAKWOOD AVE.
BRANDON, FL 33510

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

Name and Address of Current Registered Agent:

MOORE, CHARLES A ESQ.
201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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: PSTD ( ) Delete
Name: SHAH, DIPAK
Address: 14701 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SAM E. SCOLARO, D.O. PHYS 02/04/2009

Electronic Signature of Signing Officer or Director — Date