

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69286

FILED  
Mar 19, 2010  
Secretary of State

**Entity Name:** FIRST AID MEDICAL CENTERS, INC.

**Current Principal Place of Business:**

4551 PLEASANT HILL RD  
POINCIANA, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

2551 BOGGY CREEK RD  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 59-2567654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALAZZOLO, ARLENE  
2551 BOGGY CREEK RD  
KISSIMMEE, FL 34744 US

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

PALAZZOLO, ARLENE M  
2551 BOGGY CREEK RD  
KISSIMMEE, FL 34744 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:** ARLENE M PALAZZOLO

03/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** PALAZZOLO, ARLENE M  
**Address:** 2551 BOGGY CREEK RD  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** P  
**Name:** GAUCHAT, DIANA S  
**Address:** 2551 BOGGY CREEK RD  
**City-St-Zip:** KISSIMMEE, FL 34744

I hereby 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 all other like empowered.

**SIGNATURE:** DIANA S GAUCHAT

P

03/19/2010

Electronic Signature of Signing Officer or Director

Date