2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# J89477

Entity Name: EXPRESS CARE OF OCALA, P.A.

Current Principal Place of Business:

1834 SW 1 AVE
SUITE 201
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1834 SW 1 AVE
STE-201
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-2850219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANK F. REISNER, MD
1834 SW 1 AVENUE
SUITE 201
OCALA, FL 34474 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: D ( ) Delete
Name: SCHIFFER, ROBERT,
Address: 10305 N.W. 115TH AVE.
City-St-Zip: REDDICK, FL 32686

Title: DP ( ) Delete
Name: REISNER, FRANK F.,
Address: 1834 SW 1 AVENUE, SUITE 201
City-St-Zip: OCALA, FL 34474

Title: A (X) Delete
Name: HARPER, EILEEN
Address: 1834 SW 1 AVE STE-201
City-St-Zip: OCALA, FL 34474

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK F REISNER MD DP 01/06/2007

Electronic Signature of Signing Officer or Director — Date