

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89477

FILED
Jan 27, 2009
Secretary of State

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:

1834 SW 1 AVE
SUITE 201
OCALA, FL 34471

Current Mailing Address:

1834 SW 1 AVE
STE-201
OCALA, FL 34474

New Mailing Address:

1834 SW 1 AVE
SUITE 201
OCALA, FL 34471

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:

REISNER, FRANK F M.D.
1834 SW 1 AVENUE
SUITE 201
OCALA, FL 34471 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: FRANK F. REISNER

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: S () Delete
Name: BANTA, TRACI L
Address: 1834 SW 1 AVE STE 201
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REISNER, FRANK F
Address: 1834 SW 1 AVENUE, SUITE 201
City-St-Zip: OCALA, FL 34471

Title: S (X) Change () Addition
Name: BANTA, TRACI L
Address: 1834 SW 1 AVE STE 201
City-St-Zip: OCALA, FL 34471

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: FRANK F. REISNER

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date