2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L34405

Entity Name: CARROLLWOOD MEDICAL HOLDING COMPANY, INC.

Current Principal Place of Business:

11809 N. DALE MABRY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2020 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3019078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERICH, LARRY M TRES
11809 N DALE MABRY
TAMPA, FL 33618 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: PCD ( ) Delete
Name: MCCLIMANS, FRED
Address: 11809 N DALE MABRY
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete
Name: PERICH, LARRY
Address: 11809 N DALE MABRY
City-St-Zip: TAMPA, FL

Title: S ( ) Delete
Name: PERICH, BARBARA
Address: 11809 N DALE MABRY
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: PERICH, LARRY
Address: 17906 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

Title: S (X) Change ( ) Addition
Name: PERICH, BARBARA
Address: 17906 CRAWLEY RD
City-St-Zip: ODESSA, FL 33556

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: BARBARA PERICH S 04/30/2009

Electronic Signature of Signing Officer or Director — Date