2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L62558

Entity Name: EMMANUEL CHRISTIAN HEALTH CENTER, P.A.

Current Principal Place of Business:

662 EAST HWY 50
CLERMONT, FL 34711 US

New Principal Place of Business:

918 ROLLING ACRES RD
SUITE 1
LADY LAKE, FL 32159 US

Current Mailing Address:

662 EAST HWY 50
CLERMONT, FL 34711 US

New Mailing Address:

137 LINDEN STREET
CLERMONT, FL 34711 US

FEI Number: 65-0184720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODARD, VIVIAN J.
662 E. HWY 50
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

WOODARD, VIVIAN J.
137 LINDEN STREET
CLERMONT, FL 34711 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: _____ 04/26/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WOODARD, VIVIAN J.,
Address: 662 E HWY 50
City-St-Zip: CLERMONT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WOODARD, VIVIAN J.,
Address: 137 LINDEN STREET
City-St-Zip: CLERMONT, FL 34711

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: VIVIAN J WOODARD DP 04/26/2007
Electronic Signature of Signing Officer or Director — Date