2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N08000009128

Entity Name: FLORIDA ADVOCACY INTRODUCTION TO HEALTHCARE, INC.

Current Principal Place of Business:

8695 COLLEGE PARKWAY
SUITE #1324
FORT MYERS, FL 339175823

New Principal Place of Business:

Current Mailing Address:

8695 COLLEGE PARKWAY
SUITE #1324
FORT MYERS, FL 339175823

New Mailing Address:

FEI Number: 26-3284345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENSONIDES, SANDRA
1368 EUCLID AVENUE
NORTH FORT MYERS, FL 33917 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MENSONIDES, SANDRA
Address: 1368 EUCLID AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VPD ( ) Delete
Name: RIIPI, TINA
Address: 1464-2 PARK SHORE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: SD ( ) Delete
Name: BIZZOTTO, KRISTY
Address: 218 SOUTH EAST 2ND AVENUE
City-St-Zip: CAPE CORAL, FL 33990

Title: TD ( ) Delete
Name: MENSONIDES, FRANK
Address: 1368 EUCLID AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: TATIANO, TAMARA
Address: 192200 FOUR WHEEL DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA MENSONIDES SM 01/10/2009

Electronic Signature of Signing Officer or Director — Date