2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09353

FILED Mar 08, 2007 Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR AMBULATORY CARE, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
4634 HARD LAKELAND							
Current Mailing Address:				New Mailing Address:			
4634 HARD LAKELAND							
FEI Number: 59-2725983 FEI Number Applied For () FEI Number			nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WEINSTEIN 4634 HARD LAKELAND	ÉN BLVD	US					
The above in the State	named entit of Florida.	y submits this stateme	ent for the purpose o	f changing its	s registered off	ice or regi	stered agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DICKEY, STE	() Delete EPHEN, "SHORE BL,#900		Title: Name: Address: City-St-Zip:	()(Change ()A	Addition
Title: Name: Address: City-St-Zip:	D WEINSTEIN, 805 COULTE BRANDON, F	R PL		Title: Name: Address: City-St-Zip:	D (X)	LVD.	Addition
Title: Name: Address: City-St-Zip:	D WHITE, GRE D1750 N BRO BARTOW, FL	DADWAY		Title: Name: Address: City-St-Zip:	()(Change () A	Addition

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

SIGNATURE: GARY WEINSTEIN D 03/08/2007