2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# N10000002106

Entity Name: ALWAYS HEALTHCARE ORGANIZATION INC.

Current Principal Place of Business:

2430 EVERGLADES BOULEVARD NORTH
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

2430 EVERGLADES BOULEVARD NORTH
NAPLES, FL 34120

New Mailing Address:

FEI Number: 27-2118649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEISCHER, CHARLES
2430 EVERGLADES BLVD N
NAPLES, FL 34120 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
Name: FLEISCHER, CHARLES
Address: 2430 EVERGLADES BOULEVARD NORTH
City-St-Zip: NAPLES, FL 34120

Title: VPD
Name: WHITE, BRADLEY
Address: 1969 SE 36TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: T
Name: MATOS, ARIANA
Address: 4201 LAKE MARGARET DR.
City-St-Zip: ORLANDO, FL 32812

Title: SVP
Name: PERGOLIZZI, JOSEPH JR
Address: 840 111TH AVENUE NORTH, SUITE 7
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: CHARLES FLEISCHER PD 04/26/2012

Electronic Signature of Signing Officer or Director — Date