2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P00000002456

Entity Name: PERSONAL PHYSICIAN CARE, P.A.

Current Principal Place of Business:

4800 LINTON BLVD
STE F-107
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4800 LINTON BLVD
STE F-107
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0974092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEUMAN, DAVID
4800 LINTON BLVD
STE F-107
DELRAY BEACH, FL 33445 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: D ( ) Delete
Name: NEUMAN, DAVID M.D.
Address: 7846 TENNYSON COURT
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: NEUMAN, DAVID M.D.
Address: 4800 LINTON BLVD SUITE F 107
City-St-Zip: DELRAY BEACH, FL 33445

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

SIGNATURE: DAVID NEUMAN DR. 04/19/2006

Electronic Signature of Signing Officer or Director — Date