2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P00000026078

Entity Name: ALLIANCE CARE OF FLORIDA, INC.

Current Principal Place of Business:

2500 QUANTUM LAKES DR
STE 108
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2500 QUANTUM LAKES DR
STE 108
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0994377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMMARATA, DANIEL
2500 QUANTUM LAKES DRIVE
#108
BOYNTON BEACH, FL 33426 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: MGRM ( ) Delete
Name: MOBILE MEDICAL INDUSTRIES
Address: 2500 QUANTUM LAKES DR STE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: CEO ( ) Delete
Name: HOCHHAUSER, MAXINE
Address: 2500 QUANTUM LAKES DR., #108
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: CFO ( ) Delete
Name: CAMMARATA, DANIEL
Address: 2500 QUANTUM LAKES DR., #108
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: DANIEL CAMMARATA CFO 04/15/2009

Electronic Signature of Signing Officer or Director — Date