

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115311

FILED  
Feb 29, 2008  
Secretary of State

Entity Name: CENTER FOR PHYSICIANS CARE, INC.

## Current Principal Place of Business:

1320 S. ORLANDO AVENUE  
SUITE 3  
WINTER PARK, FL 32789 US

## New Principal Place of Business:

570 E. HORATIO AVE.  
MAITLAND, FL 32751 US

## Current Mailing Address:

PO BOX 678705  
ORLANDO, FL 328678705 US

## New Mailing Address:

FEI Number: 59-3760975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THORNTON, DAMON D  
1320 S. ORLANDO AVENUE  
SUITE 3  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

THORNTON, DAMON D  
570 E. HORATIO AVE.  
MAITLAND, FL 32751 US

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

02/29/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THORNTON, DAMON D  
Address: 1320 S. ORLANDO AVENUE, STE. 3  
City-St-Zip: WINTER PARK, FL 32789 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: THORNTON, DAMON D  
Address: 570 E. HORATIO AVE.  
City-St-Zip: MAITLAND, FL 32751 US

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: DAMON D. THORNTON, D.C.

Electronic Signature of Signing Officer or Director

P

02/29/2008

Date