2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# P02000047998

Entity Name: TROPICARE HEALTH SYSTEMS, INCORPORATED

Current Principal Place of Business:

9371 US HWY 19 N
SUITE C
PINELLAS PARK, FL 33782

New Principal Place of Business:

7752 66TH STREET
PINELLAS PARK, FL 33781

Current Mailing Address:

9371 US HWY 19 N
SUITE C
PINELLAS PARK, FL 33782

New Mailing Address:

7752 66TH STREET
PINELLAS PARK, FL 33781

FEI Number: 03-0441892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMER, PAULA K
1917 BROOKSTONE WAY
CLEARWATER, FL 33760 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: P ( ) Delete
Name: BECKER, AMANDA E
Address: 5714 ORANGE ROAD
City-St-Zip: SEMINOLE, FL 33772

Title: V ( ) Delete
Name: COMER, PAULA K
Address: 1917 BROOKSTONE WAY
City-St-Zip: CLEARWATER, FL 33760

Title: DS ( ) Delete
Name: MASTERSON, VIVIAN B
Address: 1914 BROOKSTONE WAY
City-St-Zip: CLEARWATER, FL 33760

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: VIVIAN B. MASTERSON DS 04/10/2009

Electronic Signature of Signing Officer or Director — Date