2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P02000072317

Entity Name: FAMILY MEDICAL INC.

Current Principal Place of Business:

7975 W. MC NAB RD
FORT LAUDERDALE, FL 33321

New Principal Place of Business:

Current Mailing Address:

4630 N. UNIVERSITY DRIVE
PMB-316
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 36-4501040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERR, DERRICK
8444 NW 43RD COURT
CORAL SPRINGS, FL 33065 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: KERR, DERRICK
Address: 8444 NW 43RD CT
City-St-Zip: POMPANO BEACH, FL 33065

Title: V ( ) Delete
Name: KERR, SONJA
Address: 8444 NW 43RD CT
City-St-Zip: POMPANO BEACH, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: DERRICK KERR P 04/25/2005

Electronic Signature of Signing Officer or Director — Date