

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126581

FILED
May 03, 2010
Secretary of State

Entity Name: EUROCARE MEDICAL CENTER INC

Current Principal Place of Business:

11014 NORTH DALE MABRY HWY
SUITE 504
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

922 HWY 81 EAST
365
MC DONOUGH, GA 30252

New Mailing Address:

11014 NORTH DALE MABRY HWY
SUITE 504
TAMPA, FL 33618

FEI Number: 33-1055885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONTANA, JOE L
922 HWY 81 EAST
365
MC DONOUGH, FL 30252 US

Name and Address of New Registered Agent:

MONTANA, JOE L
11014 NORTEH DALE MABRY HWY 504
504
TAMPA, FL 33618 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: JOE L MONTANA

05/03/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MONTANA, JOE L
Address: 11014 N DALE MABRY HWY 504
City-St-Zip: TAMPA, FL 33618

Title: S
Name: MONTANA, LAURA A S
Address: 11014 NORTH DALE MABRY HWY 504
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: JOE L MONTANA

P

05/03/2010

Electronic Signature of Signing Officer or Director

Date