2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P02000130606

Entity Name: PHYSIOCARE MEDICAL & WELLNESS CENTER, INC.

Current Principal Place of Business:

8204 CRYSTAL CLEAR LANE
SUITE 1500
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8204 CRYSTAL CLEAR LANE
SUITE 1500
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 61-1437137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHN, ARBOLEDA
8204 CRYSTAL CLEAR LANE
SUITE 1000
ORLANDO, FL 32809 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: D ( ) Delete
Name: ARBOLEDA, JOHN
Address: 8204 CRYSTAL CLEAR LANE SUITE 1500
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: ARBOLEDA, JOHN
Address: 8204 CRYSTAL CLEAR LANE SUITE 1500
City-St-Zip: ORLANDO, FL 32809

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: JOHN ARBOLEDA O 04/25/2007

Electronic Signature of Signing Officer or Director — Date