2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P03000020994

Entity Name: PERSONAL FAMILY HEALTH CARE, INC.

Current Principal Place of Business:

391 LEE BLVD.
SUITE 400
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

391 LEE BLVD.
SUITE 400
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 83-0349039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORO, ELMER
391 LEE BLVD.
SUITE 400
LEHIGH ACRES, FL 33936 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: PS ( ) Delete
Name: TORO, ELMER SR.
Address: 174 PINE TREE LN
City-St-Zip: TAPPAN, NY 10983

Title: D ( ) Delete
Name: TORO, ELMER
Address: 391 LEE BLVD. STE. 400
City-St-Zip: LEHIGH ACRES, FL 33936

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 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: ELMER TORO PS 03/23/2009

Electronic Signature of Signing Officer or Director — Date