2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# P03000105625

Entity Name: PGA HEALTHCARE, INC.

Current Principal Place of Business:

296 ISLAND GREEN DRIVE
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

296 ISLAND GREEN DRIVE
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 56-2398672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCAULIFFE, DIXIE L
296 ISLAND GREEN DRIVE
ST AUGUSTINE, FL 32092 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: MGR ( ) Delete
Name: MCAULIFFE, DIXIE L
Address: 296 ISLAND GREEN DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: MCAULIFFE, DIXIE L
Address: 296 ISLAND GREEN DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: DIR ( ) Change (X) Addition
Name: MCAULIFFE, MATTHEW M
Address: 296 ISLAND GREEN DR
City-St-Zip: ST AUGUSTINE, FL 32092

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: DIXIE L. MCAULIFFE DIR 02/05/2009

Electronic Signature of Signing Officer or Director — Date