2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# P03000131532

Entity Name: C & C COMPLETE MEDICAL CARE GROUP, P.A.

Current Principal Place of Business:

462 GOLDEN ISLES DRIVE #308
HALLANDALE, FL 33009

New Principal Place of Business:

201 GOLDEN ISLES DRIVE APT. 207
HALLANDALE, FL 33009

Current Mailing Address:

462 GOLDEN ISLES DRIVE #308
HALLANDALE, FL 33009

New Mailing Address:

201 GOLDEN ISLES DRIVE APT. 207
HALLANDALE, FL 33009

FEI Number: 20-0582768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, ROBERT K
BROOKS & ASSOCIATES PA.
1920 E. HALLANDALE BEACH, SUITE 701
HALLANDALE BEACH, FL 33009 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: CCEO ( ) Delete
Name: CALINESCU, CORNELL V
Address: 462 GOLDEN ISLES DRIVE #308
City-St-Zip: HALLANDALE, FL 33009

Title: P ( ) Delete
Name: CALINESCU, CORNELL V
Address: 462 GOLDEN ISLES DRIVE #308
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change ( ) Addition
Name: CALINESCU, CORNELL V
Address: 201 GOLDEN ISLES DRIVE APT. 207
City-St-Zip: HALLANDALE, FL 33009

Title: P (X) Change ( ) Addition
Name: CALINESCU, CORNELL V
Address: 201 GOLDEN ISLES DRIVE APT.207
City-St-Zip: HALLANDALE, FL 33009

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: CORNELL CALINESCU P 04/09/2005

Electronic Signature of Signing Officer or Director — Date