2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007
Secretary of State

DOCUMENT# P04000025905

Entity Name: HOPE OF LIFE MEDICAL CARE, INC.

Current Principal Place of Business:

1406 JF KENNEDY CAUSEWAY SUITE B
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

1406 JF KENNEDY CAUSEWAY
1406A
NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

1406 JF KENNEDY CAUSEWAY SUITE B
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

1406 JF KENNEDY CAUSEWAY
1406A
NORTH BAY VILLAGE, FL 33141

FEI Number: 81-0643640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBAINA, REINA
1440 J.F. KENNEDY CAUSEWAY STE 1406-A
NORTH BAY VILLAGE, FL 33141 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: PD ( ) Delete
Name: ROBAINA, REINA
Address: 1440 J.F. KENNEDY CAUSEWAY STE 1406-A
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VD (X) Delete
Name: LORENZO, ROBERTO
Address: 1440 J.F. KENNEDY CAUSEWAY STE 1406-A
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: REINA ROBAINA OW 09/13/2007
Electronic Signature of Signing Officer or Director — Date