2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# P04000039646

Entity Name: FAMCARE MEDICAL CENTER, INC.

Current Principal Place of Business:

3068 PALM AVE
#C
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3068 PALM AVE
#C
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-1076961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POVEDA, JR., HECTOR
3068 PALM AVE #C
HIALEAH, FL 33012 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: P ( ) Delete
Name: POVEDA, JR, HECTOR A
Address: 3068 PLAM AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: P ( ) Delete
Name: POVEDA, JULIA M
Address: 3068 PALM AVENUE
City-St-Zip: HIALEAH, FL 33012

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: HECTOR POVEDA P 02/25/2008

Electronic Signature of Signing Officer or Director — Date