2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P04000052798

Entity Name: SEVA FAMILY CARE P.A.

Current Principal Place of Business:

P.O. BOX 1820
LUTZ, FL 33548

New Principal Place of Business:

19105 US HIGHWAY 41N, SUITE 100
LUTZ, FL 33549

Current Mailing Address:

P.O. BOX 1820
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-1236468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAXENA, SHILPA P MD
P.O. BOX 1820
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

SAXENA, SHILPA P MD
19105 US HIGHWAY 41N, SUITE 100
LUTZ, FL 33549 US

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: _____ 04/30/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SAXENA, SHILPA P MD
Address: P.O. BOX 1820
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHILPA SAXENA, M.D. PRES 04/30/2007
Electronic Signature of Signing Officer or Director — Date