2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2012
Secretary of State

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Entity Name: PERSONALIZED PHYSICIAN CARE, INC.

Current Principal Place of Business:

3368 WOODS EDGE CIRCLE
SUITE 101
BONITA SPRINGS, FL 34134

New Principal Place of Business:

1890 SW HEALTH PKWY
SUITE 203
NAPLES, FL 34108

Current Mailing Address:

3368 WOODS EDGE CIRCLE
SUITE 101
BONITA SPRINGS, FL 34134

New Mailing Address:

PO BOX 112497
NAPLES, FL 34109

FEI Number: 20-1007637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVATT, JEFF M
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: REED, THOMAS W
Address: PO BOX 112497
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: THOMAS W. REED CEO 06/12/2012

Electronic Signature of Signing Officer or Director — Date