2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P04000092864

Entity Name: TIOMICO-TRAHAN FAMILY CARE CENTER, P.A.

Current Principal Place of Business:

7740 POINT MEADOWS DRIVE
SUITE 6
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7740 POINT MEADOWS DRIVE
SUITE 6
JACKSONVILLE, FL 322056

New Mailing Address:

7740 POINT MEADOWS DRIVE
SUITE 6
JACKSONVILLE, FL 32256

FEI Number: 43-2054460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD.,
SUITE 201 ST. MARK'S PLACE
JACKSONVILLE, FL 32207 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: D ( ) Delete
Name: TIOMICO-TRAHAN, MARIA GINA MD
Address: 3757 BIGGIN CHURCH ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32224

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: MARIA GINA TIOMICO-TRAHAN CEO 04/30/2008

Electronic Signature of Signing Officer or Director — Date