

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154874

Entity Name: EAP ONCALL, INC.

FILED
Jun 20, 2008
Secretary of State

Current Principal Place of Business:

5820 B W CYPRESS ST STE B
TAMPA, FL 33607

New Principal Place of Business:

14502 N DALE MABRY HWY
STE 326
TAMPA, FL 33618

Current Mailing Address:

5820 B W CYPRESS ST STE B
TAMPA, FL 33607

New Mailing Address:

14502 N DALE MABRY HWY
STE 326
TAMPA, FL 33618

FEI Number: 75-3175420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, PAUL B
112 SOUTH MAGNOLIA AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

GANGEL, KAREN
14502 N DALE MABRY HWY
STE 326
TAMPA, FL 33618 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: KAREN GANGEL

06/20/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AFIELD, WALTER E M.D.
Address: 5820 B WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

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: WALTER AFIELD

D

06/20/2008

Electronic Signature of Signing Officer or Director

Date