2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P04000170461 1. Entity Name EAST PASCO PRIMARY CARE, INC. Principal Place of Business Mailing Address PO BOX 2147 P O BOX 907 SAN ANTONIO, FL 33576 DADE CITY, FL 33526-2147 04202006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2065740 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent NEWLON, TIMOTHY DO NOT WRITE 12146 CURLEY STREET SAN ANTONIO, FL 33576 IN THIS SPACE 8. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privided name of registered agent and title if appticable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MCAKY, TRACY NAME STREET ADDRESS PO BOX 2147 DADE CITY, FL 335262147 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TONE NAME STREET ADDRESS DO NOT WRITE CITY-57-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CER OR DIRECTOR

FILED