2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P05000040137

Entity Name: NUCARE MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

20207 MOSS HILL WAY
TAMPA, FL 33647

New Principal Place of Business:

20207 MOSS HILL WAY
NEW TAMPA, FL 33647

Current Mailing Address:

20207 MOSS HILL WAY
TAMPA, FL 33647

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWES, JOANIE
20207 MOSS HILL WAY
TAMPA, FL 33647 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: DP ( ) Delete
Name: BOWES, JOANIE
Address: 20207 MOSS HILL WAY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BOWES, JOANIE
Address: 20207 MOSS HILL WAY
City-St-Zip: NEW TAMPA, FL 33647

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: JOANIE B.BOWES DP 03/05/2009

Electronic Signature of Signing Officer or Director — Date