2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P05000048879

Entity Name: EXPRESS HEALTH CARE, INC

Current Principal Place of Business:

1601 N PALM AVE, SUITE 209D
PEMBROKE PINES, FL 33026

New Principal Place of Business:

1601 N PALM AVE
SUITE 209D
PEMBROKE PINES, FL 33026

Current Mailing Address:

1601 N PALM AVE, SUITE 209D
PEMBROKE PINES, FL 33026

New Mailing Address:

1601 N PALM AVE
SUITE 209D
PEMBROKE PINES, FL 33026

FEI Number: 51-0448735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCIS, ANTHON DR.
4554 SW 127TH TERRACE
MIRAMAR, FL 33027 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: PT ( ) Delete
Name: ANTHON, FRANCIS DR.
Address: 4554 SW 127TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: RHONE, VENULA
Address: 4554 127TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: FRANCIS, SHALISHA
Address: 4554 SW 127TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: S ( ) Delete
Name: BATISTA, VERNAE
Address: 4091 CAMERON WAY
City-St-Zip: SNELLVILLE, GA 30039

Title: T ( ) Delete
Name: FRANCIS, NADIA
Address: 4554 SW 127TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANTHON FRANCIS PT 01/07/2008

Electronic Signature of Signing Officer or Director — Date