2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# P05000115128

Entity Name: VS PRIMO HEALTH CARE PA

Current Principal Place of Business:

7000 SPYGLASS COURT
VIERA, FL 32940

New Principal Place of Business:

7000 SPYGLASS COURT
SUITE 130
VIERA, FL 32940

Current Mailing Address:

7000 SPYGLASS COURT
VIERA, FL 32940

New Mailing Address:

7000 SPYGLASS COURT
SUITE 130
VIERA, FL 32940

FEI Number: 86-1146354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCIORTINO, VINCENT MD
7000 SPYGLASS COURT
VIERA, FL 32940 US

Name and Address of New Registered Agent:

SCIORTINO, VINCENT MD
7000 SPYGLASS COURT
SUITE 130
VIERA, FL 32940 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: 07/07/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete
Name: SCIORTINO, VINCENT MD
Address: 7000 SPYGLASS HILL COURT
City-St-Zip: VIERA, FL 32940

Title: VPST ( ) Delete
Name: SCIORTINO, ISILMA A
Address: 7000 SPYGLASS HILL COURT
City-St-Zip: VIERA, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition
Name: SCIORTINO, VINCENT MD
Address: 7000 SPYGLASS COURT, SUITE 130
City-St-Zip: VIERA, FL 32940

Title: VPST (X) Change ( ) Addition
Name: SCIORTINO, ISILMA A
Address: 7000 SPYGLASS COURT, SUITE 130
City-St-Zip: VIERA, FL 32940

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: VINCENT SCIORTINO, MD PDST 07/07/2008
Electronic Signature of Signing Officer or Director — Date