2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 25, 2007
Secretary of State

DOCUMENT# P05000116639

Entity Name: FALCON MEDICAL CARE P.A.

Current Principal Place of Business:

251 SW 26 RD
MIAMI, FL 33129

New Principal Place of Business:

1726-36 NW 36 STREET, UNIT 19
MIAMI, FL 33142

Current Mailing Address:

251 SW 26 RD
MIAMI, FL 33129

New Mailing Address:

1726-36 NW 36 STREET, UNIT 19
MIAMI, FL 33142

FEI Number: 26-0125986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALCON, JOSE M
251 SW 26 RD
MIAMI, FL 33129 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

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: FALCON, WILFREDO
Address: 251 SW 26 RD
City-St-Zip: MIAMI, FL 33129

Title: DP ( ) Delete
Name: FALCON, JOSE M
Address: 251 SW 26 RD
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSE M. FALCON DP 09/25/2007

Electronic Signature of Signing Officer or Director — Date