2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P05000119874

Entity Name: ALL HEALTH PRIMARY CARE INC

Current Principal Place of Business:

207 HIGHLAND WOODS DRIVE
SAFETY HARBOUR, FL 34695

New Principal Place of Business:

3190 MCMULLEN BOOTH ROAD
201
CLEARWATER, FL 33761

Current Mailing Address:

207 HIGHLAND WOODS DRIVE
SAFETY HARBOUR, FL 34695

New Mailing Address:

FEI Number: 20-3383525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RELIANCE CONSULTING LLC
3105 W.WATERS AVE
SUITE#105
TAMPA, FL 33614 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: PD ( ) Delete
Name: MADAN, SANJAY
Address: 207 HIGHLAND WOODS DR
City-St-Zip: SAFETY HARBOUR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SANJAY MADAN MD 01/05/2007

Electronic Signature of Signing Officer or Director — Date