

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145111

Entity Name: 2M HEALTHCARE, INC.

FILED  
Apr 23, 2007  
Secretary of State

## Current Principal Place of Business:

301 W. PLATT STREET, #301  
TAMPA, FL 33606 US

## New Principal Place of Business:

## Current Mailing Address:

301 W. PLATT STREET, #301  
TAMPA, FL 33606 US

## New Mailing Address:

FEI Number: 20-3691089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEALD, MICHAEL W  
301 W. PLATT STREET, #301  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

PERKINS, MICHAEL K  
416 S HABANA AVE  
TAMPA, FL 33606 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: MICHAEL K. PERKINS

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: HEALD, MICHAEL W  
Address: 301 W. PLATT STREET, #301  
City-St-Zip: TAMPA, FL 33606 US

Title: DIR ( ) Delete  
Name: PERKINS, MICHAEL K  
Address: 10176 MONTAGUE STREET  
City-St-Zip: TAMPA, FL 33626 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change ( ) Addition  
Name: PERKINS, MICHAEL K  
Address: 416 S HABANA AVE  
City-St-Zip: TAMPA, FL 33609 US

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: MICHAEL HEALD

DIR

04/23/2007

Electronic Signature of Signing Officer or Director

Date