2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000017322

Entity Name: PROVISION HEALTH CARE MANAGEMENT GROUP, INC.

Current Principal Place of Business:

7903 SEMINOLE BLVD UNIT 2101
SEMINOLE, FL 33772

New Principal Place of Business:

8287 SW 128 STREET
112
MIAMI, FL 33156

Current Mailing Address:

7903 SEMINOLE BLVD UNIT 2101
SEMINOLE, FL 33772

New Mailing Address:

3888 JONATHONS WAY
BOYNTON BEACH, FL 33436

FEI Number: 06-1768633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALJOE, GARY S
99 N.W. 183RD STREET
126
MIAMI, FL 33169 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: V ( ) Delete
Name: LOUIS, NICOLE C
Address: 7903 SEMINOLE BLVD UNIT 2101
City-St-Zip: SEMINOLE, FL 33772

Title: P ( ) Delete
Name: THOMAS, PAULINE
Address: 7903 SEMINOLE BLVD UNIT 2101
City-St-Zip: SEMINOLE, FL 33772

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECR (X) Change ( ) Addition
Name: LEMONIOUS, KATRINA
Address: 8287 SW 128 STREET, SUITE # 112
City-St-Zip: MIAMI, FL 33156

Title: ADM ( ) Change (X) Addition
Name: JACKSON, SHARON
Address: 3888 JONATHONS WAY
City-St-Zip: BOYNTON BEACH, FL 33436 US

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: SHARON JACKSON ADM 04/30/2009
Electronic Signature of Signing Officer or Director — Date