

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030779

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: P.C. MEDICS OF S.W. FLORIDA, INC.

**Current Principal Place of Business:**

5425 COVE CIRCLE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

3492 ISLANDWALK CIRCLE  
NAPLES, FL 34119 US

**Current Mailing Address:**

5425 COVE CIRCLE  
NAPLES, FL 34119 US

**New Mailing Address:**

3492 ISLANDWALK CIRCLE  
NAPLES, FL 34119 US

FEI Number: 01-0855780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE FLORIDA INCORPORATING COMPANY  
1203 GOVERNORS SQUARE BLVD.  
STE 101  
TALLAHASSEE, FL 323012960 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: P ( ) Delete  
Name: ROCHE, GARY  
Address: 5425 COVE CIRCLE  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ROCHE, GARY  
Address: 3492 ISLANDWALK CIRCLE  
City-St-Zip: NAPLES, FL 34119 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: GARY ROCHE

MR.

04/07/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date