

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043446

FILED
Apr 29, 2009
Secretary of State

Entity Name: EVEREST MEDICAL CARE, P.A.

Current Principal Place of Business:

4296 5TH AVENUE
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4296 5TH AVENUE
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 20-4680164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH LAURA STREET
SUITE 2110
JACKSONVILLE, FL 32202 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: D () Delete
Name: CHINTANADILOK, JORAYOS MD
Address: 4296 5TH AVENUE
City-St-Zip: MARIANNA, FL 32446

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 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: JIRAYOS CHINTANADILOK

DIRE

04/29/2009

Electronic Signature of Signing Officer or Director

Date