2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P07000038413

Entity Name: FAMILY TREE MEDICAL CARE, P.A.

Current Principal Place of Business:

2312 CRESTOVER LANE
SUITE 102
WESLEY CHAPEL, FL 33544 US

New Principal Place of Business:

Current Mailing Address:

2312 CRESTOVER LANE
SUITE 102
WESLEY CHAPEL, FL 33544 US

New Mailing Address:

FEI Number: 35-2292191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALTOO, CATHERINE U
17813 ARBOR CREEK DR.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

PALTOO, CATHERINE U
4310 KNOLLPOINT AVENUE
WESLEY CHAPEL, FL 33544 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: CATHERINE PALTOO 04/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PALTOO, CATHERINE U
Address: 17813 ARBOR CREEK DR.
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: PALTOO, RAYMOND M
Address: 17813 ARBOR CREEK DR.
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: PALTOO, LINDA C
Address: 17813 ARBOR CREEK DR.
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PALTOO, CATHERINE U
Address: 4310 KNOLLPOINT AVENUE
City-St-Zip: WESLEY CHAPEL, FL 33544

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

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: CATHERINE PALTOO D 04/23/2009
Electronic Signature of Signing Officer or Director Date