2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# P07000101556

Entity Name: SACOWI MEDICAL CONSULTANTS INC

Current Principal Place of Business:

3701 FALCONHILL DR
APOPKA, FL 32712

New Principal Place of Business:

3107 FALCONHILL DR
APOPKA, FL 32712

Current Mailing Address:

3701 FALCONHILL DR
APOPKA, FL 32712

New Mailing Address:

3107 FALCONHILL DR
APOPKA, FL 32712

FEI Number: 35-2307867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESAI, AL
7087 GRAND NATIONAL DR STE 102
ORLANDO, FL 32819 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: JEAN, SAMUEL
Address: 3701 FALCON HILL DR
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete
Name: JEAN, ROSSITA
Address: 3701 FALCON HILL DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SAMUEL JEAN P 03/28/2009

Electronic Signature of Signing Officer or Director — Date