

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000007646

Entity Name: BASIC HEALTH CARE INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

22110 KIMBLE AVE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

21216 OLEAN BLVD
UNIT 2
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

P.O. BOX 494530
PORT CHARLOTTE, FL 33949 US

New Mailing Address:

FEI Number: 65-0467949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAIR, B. K.
22110 KIMBLE AVE.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

NAIR, B. K.
21216 OLEAN BLVD
UNIT 2
PORT CHARLOTTE, FL 33952 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: B.K.NAIR

01/31/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: NAIR, B.K. M.D.
Address: 22110 KIMBLE AVE.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: NAIR, B.K. M.D.
Address: 21216 OLEAN BLVD # 2
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the 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: B.K. NAIR

PRES

01/31/2007

Electronic Signature of Signing Officer or Director

Date