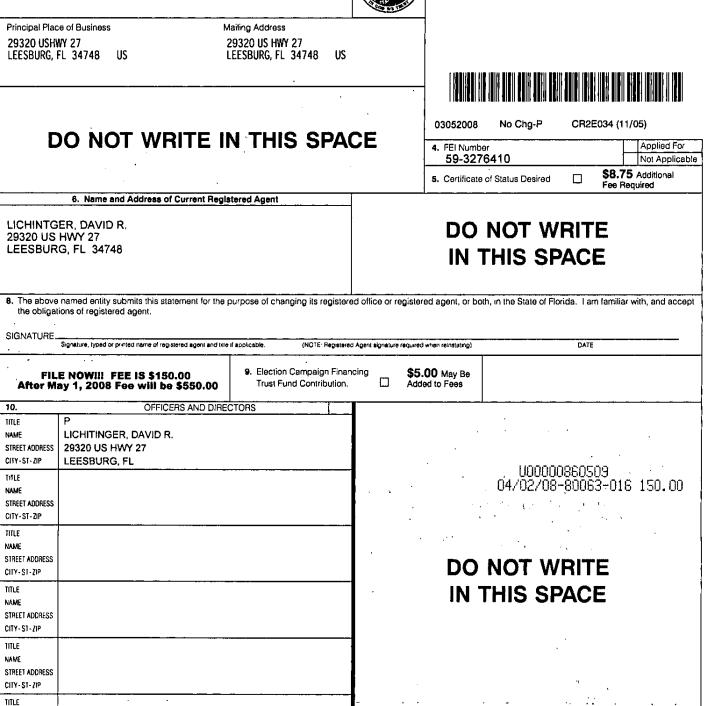
2008 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P94000081448** 1. Entity Name CENTRAL FLORIDA MEDICAL CARE, P.A. Principal Place of Business Mailing Address 29320 USHWY 27 29320 US HWY 27 LEESBURG, FL 34748 LEESBURG, FL 34748 DO NOT WRITE IN THIS SPACE

FILED Mar 17, 2008 08:00 A Secretary of State



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all effect like empowered.

SIGNATURE: Y

NAME -STREET ADDRESS