2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# P95000060347

Entity Name: WALL HEALTHCARE, INC.

Current Principal Place of Business:

3023 EASTLAND BLVD
SUITE H 113
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

3023 EASTLAND BLVD
SUITE H 113
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-3329229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALL, DAVID
1749 LONG BOW LANE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

WALL, DAVID
3023 EASTLAND BLVD, H113
CLEARWATER, FL 33761 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: 03/12/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: WALL, DAVID M M.D.
Address: 1749 LONG BOW LANE
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: WALL, DAVID M M.D.
Address: 3023 EASTLAND BLVD, H113
City-St-Zip: CLEARWATER, FL 33761

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: DAVID WALL DR 03/12/2007
Electronic Signature of Signing Officer or Director — Date