2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2010
Secretary of State

DOCUMENT# P97000049468

Entity Name: FAMILY FIRST MEDICAL CENTER, INC.

Current Principal Place of Business:

1920 VERANO DRIVE
SUITE 101
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1920 VERANO DRIVE
SUITE 101
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3448770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMALEDDINE, WAEL M.D.
8779 WITTENWOOD COVE
ORLANDO, FL 32836 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

OFFICERS AND DIRECTORS:

Title: DR
Name: JAMALEDDINE, WAEL M.D.
Address: 8779 WITTENWOOD COVE
City-St-Zip: ORLANDO, FL 32836

I hereby 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 all other like empowered.

SIGNATURE: WAEL JAMALEDDINE PRES 06/23/2010

Electronic Signature of Signing Officer or Director — Date