

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050526

FILED
Apr 29, 2008
Secretary of State

Entity Name: ALLIANCE CARE OF WEST FLORIDA, INC.

Current Principal Place of Business:

2500 QUANTUM LAKES DR
STE 108
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2500 QUANTUM LAKES DR
STE 108
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0768466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLE, JULIA
2500 QUANTUM LAKES DRIVE
108
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

CAMMARATA, DANIEL
2500 QUANTUM LAKES DRIVE
108
BOYNTON BEACH, FL 33426 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: DANIEL CAMMARATA

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MGRM () Delete
Name: MOBILE MEDICAL INDUS, TRIES
Address: 2500 QUANTUM LAKES DR STE 108
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: TODD, STEVE
Address: 2500 QUANTUM LAKES DR., #108
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: HOCHHAUSER, MAXINE
Address: 2500 QUANTUM LAKES DR., #108
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: CFO () Change (X) Addition
Name: CAMMARATA, DANIEL
Address: 2500 QUANTUM LAKES DR., #108
City-St-Zip: BOYNTON BEACH, FL 33426

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: DANIEL CAMMARATA

CFO

04/29/2008

Electronic Signature of Signing Officer or Director

Date