2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P97000080992

Entity Name: PERFORMANCE MEDICAL CENTER INC.

Current Principal Place of Business:

1257 W 44 PL
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1257 W 44PL
HIALEAH, FL 33012

New Mailing Address:

PO BOX 173872
HIALEAH, FL 33017

FEI Number: 65-0785740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NARANJO, ISABEL
1257 WEST 44TH PLACE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

NARANJO, ISABEL
16028 NW 82ND PLACE
MIAMI, FL 33016 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: 04/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: NARANJO, ISABEL
Address: 1257 WEST 44 PLACE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: NARANJO, ISABEL
Address: PO BOX 173872
City-St-Zip: MIAMI, FL 33017

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: ISABEL NARANJO PRES 04/29/2008
Electronic Signature of Signing Officer or Director — Date