2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# P99000034685

Entity Name: HEALTHY CHOICE OBSTETRICS AND GYNECOLOGY P.A.

Current Principal Place of Business:

400 W WOODWARD AVE
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

119 N CENTER STREET
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 59-3573514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUDAIN, FED
400 W WOODWARD AVE
EUSTIS, FL 32726 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: AUDAIN, FED
Address: 19214 SALTSDALE RD
City-St-Zip: UMATILLA, FL 32784

Title: DPS ( ) Delete
Name: PERROTT, WENDY
Address: 19214
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPS (X) Change ( ) Addition
Name: PERROTT, WENDY
Address: 19214 SALTDALE RD
City-St-Zip: UMATILLA, FL 32784

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: FED AUDAIN VP 02/12/2007

Electronic Signature of Signing Officer or Director — Date