2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P99000091223

Entity Name: VILLAGE MEDICAL CENTRE, INC.

Current Principal Place of Business:

5201 VILLAGE BOULEVARD
WEST PALM BEACH, FL 33407

New Principal Place of Business:

5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407

Current Mailing Address:

5201 VILLAGE BOULEVARD
WEST PALM BEACH, FL 33407

New Mailing Address:

5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407

FEI Number: 65-0957316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEEDLE, ROBERT
5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

NEEDLE, ROBERT
5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407 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: ROBERT NEEDLE 03/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: NEEDLE, DAVID
Address: 5201 VILLAGE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DP ( ) Delete
Name: NEEDLE, ROBERT
Address: 5201 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition
Name: NEEDLE, DAVID
Address: 5201 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

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

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: DAVID NEEDLE DVPS 03/23/2009
Electronic Signature of Signing Officer or Director Date