2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# S57985

Entity Name: TREASURE COAST HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 39901
FT LAUDERDALE, FL 33339 US

New Principal Place of Business:

2010 NE 45TH STREET
FT LAUDERDALE, FL 33308 US

Current Mailing Address:

P.O. BOX 39901
FT LAUDERDALE, FL 33339 US

New Mailing Address:

2010 NE 45TH STREET
FT LAUDERDALE, FL 33308 US

FEI Number: 65-0273381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACHARYA, NAVIN
P.O. BOX 39901
FT LAUDERDALE, FL 33339 US

Name and Address of New Registered Agent:

ACHARYA, NAVIN
2010 NE 45TH STREET
FT LAUDERDALE, FL 33308 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: 04/26/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAHENDRA P GUPTA,
Address: P.O. BOX 39901
City-St-Zip: FT LAUDERDALE, FL 33339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NAVIN ACHARYA RA 04/26/2007
Electronic Signature of Signing Officer or Director — Date