2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008
Secretary of State

DOCUMENT# S88858

Entity Name: FIRST CARE MEDICAL CENTERS, P.A.

Current Principal Place of Business:

12995 SOUTH CLEVELAND AVENUE
SUITE 184
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12995 SOUTH CLEVELAND AVENUE
SUITE 184
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0291420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, JOSEPH G
12995 S. CLEVELAND AVE.
STE. 184
FT MYERS, FL 33907 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: DST ( ) Delete
Name: WILLIAMS, JEFFREY LE, E
Address: 6099 SPOTTED FAWN COURT
City-St-Zip: FORT MYERS, FL 33908

Title: PD ( ) Delete
Name: HOWARD, JOSEPH G,
Address: 623 S.W. 53RD TERRACE
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSEPH G. HOWARD PRES 07/18/2008

Electronic Signature of Signing Officer or Director — Date