

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30666

FILED
Apr 23, 2009
Secretary of State

Entity Name: PRECISION HEALTH CONCEPTS, INC.

Current Principal Place of Business:

WINTER PARK MEMORIAL HOSPITAL
200 N LAKEMONT AVE
WINTER PARK, FL 32792 US

New Principal Place of Business:

388 GILSTON COURT
HEATHROW, FL 32746 FL

Current Mailing Address:

388 GILSTON COURT
HEATHROW, FL 32746 US

New Mailing Address:

388 GILSTON COURT
HEATHROW, FL 32746 FL

FEI Number: 59-3117624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KEVIN C.CEO
388 GILSTON COURT
HEATHROW, FL 32746 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: CEO () Delete
Name: WILLIAMS, KEVIN C
Address: 388 GILSTON COURT
City-St-Zip: HEATHROW, FL 32746

Title: P () Delete
Name: HORNER, LARRY
Address: 337 RINGWOOD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: WILLIAMS, DEBBIE
Address: 388 GILSTON COURT
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KEVIN WILLIAMS

CEO

04/23/2009

Electronic Signature of Signing Officer or Director

Date