2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50194

Entity Name: FIRST CALL MEDICAL, INC.

FILED Apr 18, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NITA BCH RD S	E			
STE 1161 BONITA S	PRINGS, FL 34	135 US			
Current M	lailing Address	::	New Mailing Address	5:	
	NITA BCH RD S	Ε			
STE 1161 BONITA S	PRINGS, FL 34	135 US			
FEI Number:	: 65-0357317	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent	: Name and Address o	f New Registered Agent:	
10915 BON STE 1161	/, CLARA E. NITA BCH RD S PRINGS, FL 34				
	named entity su e of Florida.	ubmits this statement for t	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered	Agent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PS () E MCELROY, CLAF 10915 BONITA B BONITA SPRING	CH RD SE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVT () E MCELROY, DALE 10915 BONITA B BONITA SPRING	CH RD SE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CLARA E MCELROY PRES 04/18/2006