## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000004466

Entity Name: FUTUREHEALTH HOLDING CONMPANY

FILED May 04, 2006 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	HOUSE ROAI	)			
SUITE 100 HUNT VAL	) _LEY, MD 210	031			
Current Mailing Address:			New Mail	ing Address:	
300 CLUB	HOUSE ROAI	)			
SUITE 100					
FEI Number:	52-1776258	FEI Number Applied For ( )	FEI Number Not App	olicable ( ) Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	d Address of New Registered Agent:	
1200 SOU	ORATION SY TH PINE ISLA ON, FL 3332	ND ROAD			
	named entity of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ROSSE, CLAIF	ISE ROAD, STE 100	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SALVITTI, ALF	ISE ROAD, STE 100	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition SALVITTI, ALFRED 300 CLUBHOUSE ROAD, STE 100 HUNT VALLEY, MD 21031	
Title: Name: Address: City-St-Zip:	NICKLIN, OLIV	ISE ROAD, STE 100	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition JAMES, DONNA THREE NATIONWIDE PLAZA COLUMBUS, OH 43215	
Title: Name: Address: City-St-Zip:	RAYNOR, DAN	ISE ROAD, STE 100	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SNYDER, HOLLY THREE NATIONWIDE PLAZA COLUMBUS, OH 43215	
Title: Name: Address: City-St-Zip:	STEWART, DO	ISE ROAD, STE 100	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition EVANS, WILLIAM 215 N. FRONT STREET COLUMBUS, OH 43215	
Title: Name: Address: City-St-Zip:	SARDEGNA, C	ISE ROAD, STE 100	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BOBIER, ROBERT ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	

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: ALFRED SALVITTI T 05/04/2006