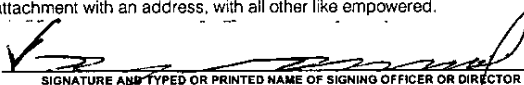


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90033 026 ***150.00

DOCUMENT # F53522 1. Entity Name APPROVED HEALTH AND LIFE SERVICES OF FLORIDA, INC.																											
Principal Place of Business 3201 GRIFFIN ROAD SUITE 204 FT LAUDERDALE, FL 33312 US		Mailing Address 3201 GRIFFIN ROAD SUITE 204 FT LAUDERDALE, FL 33312 US																									
2. Principal Place of Business 10981 W. BROWARD BLVD		3. Mailing Address PO Box 652308																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State PLANTATION, FL		City & State MIAMI, FL																									
Zip 33324		Zip 33265-2308																									
Country USA		Country USA																									
4. FEI Number 59-2147111		Applied For Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DIAMOND, BENJAMIN ALAN 3201 GRIFFIN ROAD SUITE 204 FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name BENJAMIN ALAN DIAMOND Street Address (P.O. Box Number is Not Acceptable) 10981 W. BROWARD BLVD City PLANTATION FL Zip Code 33324																									
8. 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. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE 		DATE 02-15-06																									
(NOTE: Registered Agent signature required when reinstating)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DIAMOND, BENJAMIN A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3201 GRIFFIN ROAD, STE 204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33312</td> <td></td> </tr> </table>		TITLE	P	☐ Delete	NAME	DIAMOND, BENJAMIN A.		STREET ADDRESS	3201 GRIFFIN ROAD, STE 204		CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">X Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10981 W. BROWARD BLVD.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33324</td> </tr> </table>		TITLE	X Change ☐ Addition	NAME		STREET ADDRESS	10981 W. BROWARD BLVD.	CITY-ST-ZIP	PLANTATION, FL 33324				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: 		DATE 02-15-06																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																									