

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAR 17 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H64102 1. Entity Name FL HEALTH COMPLEX, INC.	
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Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US	Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US
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02212006 Chg-P CR2E034 (11/05) *06*

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 95-3992793	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, CAITLIN M			NAME	Larsen, Caitlin		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Dallas TX 75240		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIGMAN, DONALD			NAME	Steigman, Donald		
STREET ADDRESS	500 W. CYPRESS CREEK RD.			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	Dallas TX 75240		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENT, DENNIS L			NAME	Sherman, Jeffrey S		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Dallas TX 75240		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACK, KRISTINA A			NAME	Mack, Kristina A		
STREET ADDRESS	3820 STATE STREET			STREET ADDRESS	13737 Noel Rd Ste 100		
CITY-ST-ZIP	SANTA BARBARA, CA 93105			CITY-ST-ZIP	Dallas TX 75240		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Caitlin Larsen* Caitlin Larsen 2/24/06 469-893-2701
DATE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #