


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H64102 1. Entity Name FL HEALTH COMPLEX, INC.	
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FILED

07 APR -6 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01122007 Chg-P CR2E034 (12/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 95-3992793	Applied For <input type="checkbox"/> Not Applicable
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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, 2007 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 LARSEN, CAITLIN M	<input type="checkbox"/> Delete	TITLE	Pr 100096441611 04/11/07--01016--002 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13737 NOEL ROAD, SUITE 100		STREET ADDRESS	Dianne Aleman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	DALLAS, TX 75240		CITY-ST-ZIP	5757 N Disie HWY FT Lauderdale FL 33334	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGMAN, DONALD		NAME		
STREET ADDRESS	13737 NOEL ROAD, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75240		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, JEFFREY S		NAME		
STREET ADDRESS	13737 NOEL ROAD, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75240		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, KRISTINA A		NAME		
STREET ADDRESS	13737 NOEL ROAD, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75240		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		
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 indicated on this report or supplemental report is true and accurate and that my signature shall of the corporation or the receiver or trustee empowered to execute this report as required by C changed, or on an attachment with an address, with all other like empowered.

Caitlin Larsen, Secretary/Director 1/22/07
469-893-2701

SIGNATURE: Caitlin Larsen _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #