

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015153

FILED
Apr 20, 2005
Secretary of State

Entity Name: FREEDOM HEALTHCARE GROUP, INC.

Current Principal Place of Business:

6401 SHERIDAN
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

6401 SHERIDAN
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 02-0543839 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PERKINS, HAVEN M JR.
264 VISTA OAK DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

FOREMNY, BRIAN ESQ
1946 TYLER STREET
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: BRIAN FOREMNY 04/20/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEONARDI, TRAVIS
Address: 264 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: V (X) Delete
Name: PERKINS, HAVEN M JR.
Address: 264 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRAVIS LEONARDI P 04/20/2005
Electronic Signature of Signing Officer or Director Date