

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90184 029 ***150.00

DOCUMENT # P05000056152

1. Entity Name

PHILDERS GROUP HEALTH CARE, INC.



Principal Place of Business

801 INTERNATIONAL PARKWAY
5TH FLOOR
LAKE MARY FL 32746

Mailing Address

801 INTERNATIONAL PARKWAY
5TH FLOOR
LAKE MARY FL 32746



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

to be issued

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MARLENE LINDERS

Street Address (P.O. Box Number is Not Acceptable)

801 Intl PARKWAY

FLOOR 5

City

LAKE MARY

FL

Zip Code

32746

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

Marlene Linders Pres/CEO

4/15/06

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LINDERS, MARLENE
STREET ADDRESS 801 INTERNATIONAL PARKWAY, 5TH FLOOR
CITY-ST-ZIP LAKE MARY FL 43746

TITLE VP ☒ Delete
NAME ROECKER, R. P.
STREET ADDRESS 450 S. ORANGE AVENUE, STE. 650
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☒ Delete
NAME ROECKER, P. R.
STREET ADDRESS 450 S. ORANGE AVENUE, STE. 650
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ Delete
NAME LINDERS, MARLENE
STREET ADDRESS 801 INTERNATIONAL PARKWAY, 5TH FLOOR
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Marlene Linders Pres/CEO 4/15/06 5021625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #