

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90078 017 ***150.00

DOCUMENT # P05000107512 1. Entity Name PROMISE HEALTHCARE OF FLORIDA III, INC.																																																																																																																																																					
Principal Place of Business 1001 YAMATO ROAD SUITE 300 BOCA RATON FL 33431			Mailing Address 1001 YAMATO ROAD SUITE 300 BOCA RATON FL 33431																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # 999 Yamato Road Suite, Apt. #, etc. Third Floor			3. Mailing Address 999 Yamato Road Suite, Apt. #, etc. Third Floor																																																																																																																																																		
City & State Boca Raton, FL			City & State Boca Raton FL																																																																																																																																																		
Zip 33431		Country USA		4. FEI Number 20-3392171																																																																																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent VAZQUEZ, WILLIAM M. 1001 YAMATO ROAD, SUITE 300 BOCA RATON FL 33431			7. Name and Address of New Registered Agent Name William M. Vazquez Street Address (P.O. Box Number is Not Acceptable) 999 Yamato Road, Third Floor City Boca Raton FL Zip Code 33431																																																																																																																																																		
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 William M. Vazquez <i>[Signature]</i> 4-19-07 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, 2007 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																																																																																																																																																		
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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: William M. Vazquez <i>[Signature]</i> 4-19-07 561-868-3100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																					