


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000107515

1. Entity Name
PROMISE HEALTHCARE OF FLORIDA VI, INC.



Principal Place of Business Mailing Address

**999 YAMATO ROAD
 THIRD FLOOR
 BOCA RATON FL 33431**

**999 YAMATO ROAD
 THIRD FLOOR
 BOCA RATON FL 33431**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**VAZQUEZ, WILLIAM M
 999 YAMATO ROAD
 THIRD FLOOR
 BOCA RATON FL 33431**

4. FEI Number **20-4751161** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VAZQUEZ, WILLIAM M	
STREET ADDRESS	999 YAMATO ROAD THIRD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOSLOW, HOWARD	
STREET ADDRESS	999 YAMATO ROAD THIRD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	BARONOFF, PETER	
STREET ADDRESS	999 YAMATO ROAD THIRD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEDER, LAWRENCE	
STREET ADDRESS	999 YAMATO ROAD THIRD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWSON, MARK	
STREET ADDRESS	999 YAMATO ROAD THIRD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANTERMAN, LAWRENCE	
STREET ADDRESS	999 YAMATO ROAD THIRD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerers.

SIGNATURE: *William M. Vazquez* *[Signature]* **1/3/08** **561-869-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #