## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000013480

Entity Name: COMPLETE LOCAL SPECIALTY CARE INC.

FILED Jan 17, 2007 Secretary of State

Current P	Principal Plac	e of Business:	New Principal Place of Business:		
	ALLANDALE E DALE, FL 3300				
Current M	/lailing Addre	ss:	New Mailing Address:		
	. 120TH AVEN PRINGS, FL 3				
FEI Number	: 65-0732158	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of N				New Registered Agent:	
	IANTAL . 120TH AVEN PRINGS, FL 3				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BRAY, CHANT 4914 NW 120		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( BOURQUE, LI 106 NE 2ND S BOCA RATON	T .	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BOURQUE, JE 106 NE 2ND S BOCA RATON	TREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHANTAL BRAY MRS. 01/17/2007