


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 012 ***150.00

DOCUMENT # P98000084852

1. Entity Name
 FLORIDA HEALTH PARTNERS, INC.



Principal Place of Business
 3014 N. U.S. HWY. 301, STE. 1000
 TAMPA, FL 33619

Mailing Address
 3014 N. U.S. HWY. 301, STE. 1000
 TAMPA, FL 33619

2. Principal Place of Business - No P.O. Box #
8906 Brittany Way

3. Mailing Address
8906 Brittany Way


Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33619

Country



02052007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-3537092

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 UCC FILING & SEARCH SERVICES, INC.
 1574 VILLAGE SQUARE BLVD
 SUITE 100
 TALLAHASSEE, FL 32309

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	MORE, ROBERT	3014 N. US 301 STE 1000	TAMPA, FL 33619	<input type="checkbox"/>
V	DILLON, JOHN	3014 N. US 301 STE 1000	TAMPA, FL 33619	<input type="checkbox"/>
T	RICE, JULIAN	5707 NORTH 22ND STREET	TAMPA, FL 33610	<input checked="" type="checkbox"/>
S	HAYES, KATHY	200 AVENUE NE	WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/>
D	DAIRE, BARBARA	4024 CENTRAL AVE.	SAINT PETERSBURG, FL 33711	<input type="checkbox"/>
D	KASAB, JERRY	1800 MERCY DR.	ORLANDO, FL 32808	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		<i>8906 BRITANNY WAY</i>	<i>Tampa, Florida 33619</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>8906 BRITANNY WAY</i>	<i>Tampa, Florida 33619</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Secretary	Irene Rickus Irene	<i>8906 BRITANNY WAY</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Treasurer	Kasab, Jerry	<i>1800 Mercy Drive</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<i>Orlando, FL 32808</i>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* **2/13/2007** (813) 246-7209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #