

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079182

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: C.H.W. FLORIDA MEDICAL, INCORPORATED

## Current Principal Place of Business:

17180 ARVIDA PARKWAY  
SUITES 1 & 2  
WESTON, FL 33331

## New Principal Place of Business:

17180 ARVIDA PARKWAY  
SUITES 1 & 2  
WESTON, FL 33326

## Current Mailing Address:

17180 ARVIDA PARKWAY  
SUITES 1 & 2  
WESTON, FL 33331 US

## New Mailing Address:

17180 ARVIDA PARKWAY  
SUITES 1 & 2  
WESTON, FL 33326 US

FEI Number: 20-1129967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLASSMAN, LEE D ESQ.  
8000 PETERS ROAD  
SUITE A-200  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MESSA, CHARLES M.D.  
Address: 17180 ARVIDA PARKWAY, SUITES 1 & 2  
City-St-Zip: WESTON, FL 33324 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLES A. MESSA, III

PRES

01/26/2006

Electronic Signature of Signing Officer or Director

Date