2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # P05000107369

1. Entity Name

Principal Place of Business

PROMISE HEALTHCARE OF FLORIDA VII, INC.



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

- 1	

THIRD FLOO	AMATO RD. 999 YAMATO RD. THIRD FLOOR RATON FL 33431 BOCA RATON FL 33431														
2. Principal F	lace of Busine	ass - No P.C. Bo	x # 3. M	3. Mailing Address				•		3131 SIIII 5 21	N 2241 2210)	16649 HI	18 41118 181	1881 11 188)
Suite, Apt. #. etc.			Su	Soite, Apt. #, etc.				٠ 1:	st MOC	ORE	CF	R2E034	(10/	(07)	
City & State			Cit	City & State			4. FEI Numi	ber 20)-4751	289				plied For Applicable	
Zıp		Country	Zıp	Z:p Country				5. Certificat	e of Stat	tuc Desir	ed			75 Add	itional
	6. Name	and Address of	Current Registe	red Agent				7. Name an	d Addre	ess of Ne	ew Regi	stered	Agent		
						Name									
VAZQUEZ, WILLIAM M															
	YAMATO					Street Address (P.O. Box Number is Not Acceptable)									
BOC	CA RATON	N FL 33431													
						City						FL	Z	ip Code)
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the obligat	tions of registe	ered agent.	ament for the pur	Dese of changing its	register	eu once (»	, ieflisieisi	u agent, or c	Qtr, irr (i	ie State (or Florida	а. галт	1811111118	ir Witn, i	and accept
SIGNATURE .	Sonature, typed o	r premed han elet regici	ared agent and the flac	rplicatio. (NO)	F Registre	a Apert sinnal.	l er semment e	ner femmutatif (1)				DATE			
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		Florida Depart							Tr	ust Fund	Centrib	ution.		Adde	d to Fees
10.		OFFICE	RS AND DIRECT	ORS	11.			ADDITIONS	CHAN	GES TO	OFFICE	RS AND	DIRE	CTORS	IN 11
TITLE	D			☐ De-etc	TITE	E							c	hange	Addition
NAME		WILLIAM M			NAM	I F				Hood	i en en en en	on a mark			
	999 YAMA1				STRE	FET ADDRESS			രൗ		10082	. 🗕 1 🕶 1	നനന	ero.	00
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TITLE	PD			☐ Da-ete	IIIT	E								hange	Addition
Name	KOSLOW, I				MAM		}								
STREET ADDRESS	999 YAMAT					EFT ADDRESS									
CITY-ST-ZIP		ON FL 33431			CITY	-ST-ZIP			······································						
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NAME CORSET ADDRESS	BARONOFF	-			NAM			-							
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THEE	STD	MOENOE		☐ Deiete	TITE								□ c	hange	Addition
NAME STREET ADDRESS	LEDER, LA				MAM										
CITY-ST-ZIP	ł	ON FL 33431				ET ADDRESS - ST-ZIP									
	D	5141 E 35451													
TITLE NAME	DAWSON, I	MARK		☐ Derete	TITLE								□ c	hange	Addition
STREET ADDRESS	999 YAMA1				MAM										
CITY-ST-ZIP	1	ON FL 33431				EET ADDRESS - SI - ZIP									
TITLE	D			□ Deter-	-									hanr-	
NAME	KANTEMAN	I, LARRY		☐ Deiete	TITLE								□ C	riange	Addition
	999 YAMA1	•				ET ADDRESS									
City-St-ZIP	1	ON FL 33431				-ST-ZIP									
	l						1								

12. If hereby certify that the information supplied with this filling 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. Vazguez &

541-869-3100