

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479376

FILED
Jan 13, 2006
Secretary of State

Entity Name: NATIONAL HEALTH CARE SYSTEMS OF FLORIDA, INC.

Current Principal Place of Business:

2801 HWY. 280 SOUTH
BIRMINGHAM, AL 35223 US

New Principal Place of Business:

Current Mailing Address:

2801 HWY. 280 SOUTH
BIRMINGHAM, AL 35223 US

New Mailing Address:

FEI Number: 59-1597007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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: SDP () Delete
Name: HALL, DAVID W
Address: 2801 HWY 280 S.
City-St-Zip: BIRMINGHAM, AL 35223

Title: AS () Delete
Name: HYCHE, HARRIETTE T
Address: 2801 HWY. 280 SOUTH
City-St-Zip: BIRMINGHAM, AL 35223 US

Title: AS () Delete
Name: BEATTY, EUGENE A
Address: 2801 HWY. 280 SOUTH
City-St-Zip: BIRMINGHAM, AL 35223 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T () Change (X) Addition
Name: WALKER, STEVEN G
Address: 2801 HIGHWAY 280 SOUTH
City-St-Zip: BIRMINGHAM, AL 35223 US

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: HARRIETTE T. HYCHE

AS

01/13/2006

Electronic Signature of Signing Officer or Director

_____ Date