2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90082 024 ****70.00

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1. Entity Name
LOUISE GRAHAM REGENERATION CENTER, INC.

Principal Place of Business	Mailing Address
2301 3RD AVE SOUTH ST PETERSBURG, FL 33712-1646 US	2301 3RD AVE SOUTH ST PETERSBURG, FL 33712-1646 US

02162006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1305743 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEEDS III, FRANK
2301-3RD AVENUE SOUTH
ST PETERSBURG, FL 33712

7. Name and Address of New Registered Agent

Name Arthur O'Hara
Street Address (P.O. Box Number is Not Acceptable) 9550 16TH Street North
City St. Petersburg **FL** Zip Code 33716

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 Arthur O'Hara 2-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C FANSWORTH, VERN 696 1ST AVE S. #100 SAINT PETERSBURG, FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEEDS, FRANK III 2301 3RD AVE S SAINT PETERSBURG, FL 33712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John Stross 3010 82nd Way North St. Petersburg, FL. 33710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLACK, JENNIFER H 4116 34TH ST S. SAINT PETERSBURG, FL 33711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Doug Walters 701 6TH Street St. Petersburg, FL. 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, THOMAS 3030 N ROCKY POINT DR W TAMPA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARDEN, THOMAS 100 2ND AVE S STE 300 N TOWER SAINT PETERSBURG, FL 33731	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, MICHAEL 300 FIRST AVE S 5TH FLOOR SAINT PETERSBURG, FL 337013020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: Doug Walters 727-244-5978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #