2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # 736607 CHI PO

FILED May 01, 2006 8:00 am Secretary of State

	me A ASSOCIATION OF HEALTI ES, INC.	H PLANNING			0.	5-01-2006 9	90357 021 *	***61.25	
431 OAK A\	ce of Business /ENUE TY, FL 32401 US	Mailing Address 431 OAK AVENUE PANAMA CITY, FL 3240	ıı US			. :			
Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4272006	Chg-NP	CR2E0	37 (4/06)	
City & State		City & State	City & State		FEI Number 59-2000			<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country	5.	. Certificate o	f Status Desire		\$8.75 Add Fee Require	
	6. Name and Address of Current R	Registered Agent		7.	Name and A	Address of Ne	w Registered A	gent	
 HILL, MICHAEL R			Name						
431 ÓAK			Street Address		Box Number	is Not Accepta	able)		
, , , , , , , , ,	3, . 2 32 13 1								
			City	-		<u> </u>	FL	Zip Cod	le
	e named entity submits this statement for	the purpose of changing its re	egistered office o	r registered a	agent, or both	, in the State o	Florida. I am f	amiliar with,	and accept
ine obirga	itions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signs	ture required when	reinstating)		DATE		
SIGNATURE		nd title if applicable. (NOTE:	Registered Agent signe				DATE Make check	payable t	
SIGNATURE	Signature, typed or printed name of registered agent ar	1	paign Financing	\$5	n reinstating) 5.00 May Be ded to Fees	F			
SIGNATURE	Signature, typed or printed name of registered agent and Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	□ \$5	.00 May Be ded to Fees	F	Make check	ment of S	tate
. 10 . TITLE	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRECT	9. Election Camp Trust Fund Co	paign Financing ontribution. 11.	□ \$5	.00 May Be ded to Fees	F	Make check lorida Depart	ment of S	tate
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. 10 . TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE D ALBURY, SONYA 5757 BLUE LAGOON DR STE 170	9. Election Camp Trust Fund Co	paign Financing ontribution. 11.	□ \$5	.00 May Be ded to Fees	F	Make check lorida Depart	ment of S	tate I 10
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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 of 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 an attachment with address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

HOUCK, ED

9250 COLLEGE PARKWAY SUITE 3

FORT MYERS, FL 33919

SIGNATURE AND TREAD PRINTED NAME OF SIGNING OFFICER OR DIRECTOR