2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 8:00 am Secretary of State

DOCUMENT # F0000005224 1. Entity Name SELECT HEALTH MANAGEMENT, INC.									01-20-20	006 90024	4 031 ***1:	50.00	
Principal Place of Business 8385 WHISPER TRACE LANE, #202 NAPLES, FL 34114				Mailing Address 8385 WHISPER TRACE LANE, #202 NAPLES, FL 34114						•			
Principal Place of Business 18547 Royal Hammock Blvd Suite, Apt. #, etc.				3. Mailing Address 18547 Royal Hammock Blvd. Suite, Apt. #, etc.				01132006	Chg-P		034 (11/05)		
City & State				City & State				4. FEI Numb	er		<u> </u>	plied For	
<u>Naples,</u> Žip 34114				ples, FL ^{Zip} 4114	Coun		23-2926227 5. Certificate of Status Desired			d 🗅	\$8.75 Add	itional	
	6. Name	and Address of Curren						7. Name and	Address of Nev	w Registered	1 Agent		
FRANCIS, JACQUELINE							Nате						
8385 WHISPER TRACE LANE, #202 NAPLES, FL 34114							Street Address (P.O. Box Number is Not Acceptable) 18547 Royal Hammock Blvd.						
						City	laple			F	L Zip Code	4	
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													
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS AN	D DIREC	CTORS	11.			ADDITIONS	CHANGES TO C	OFFICERS AN	ND DIRECTORS	S IN 11	
TITLE	PCTD Delete 1117 FRANCIS. JACQUELINE M NA										X Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FRANCIS, JACQUELINE M 8385 WHISPER TRACE LANE, #202 NAPLES, FL					ET ADDRESS - ST-ZIP		7 Royal Les, FL	Hammock 34114	Blvd.			
TITLE	VSD	<u> </u>		☐ Defete	TITL	E					A Change	Addition	
NAME	FRANCIS, S. MICHAEL								1	n1 1			
STREET ADDRESS CITY-ST-ZIP	NAPLES, FL CITY					ET ADDRESS '-St-Zip		+/ Royal les, FL	Hammock 34114	BIAG.			
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STREET ADDRESS						EET ADDRESS	35 8	Summit A	venue				
CITY-ST-ZIP						- ST-ZIP	Portsmouth, NH 03801						
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City-ST-ZIP						-ST-ZIP					Channa	☐ Addition	
TITLE NAME				☐ Delete	TITL Nam						☐ Change	Addition	
STREET ADDRESS						eet address							
CITY-ST-ZiP	00016.45.45.4	no information avantis divi	ish shin s	filing doop not qualify to		r-\$1-ZIP	ontaine	t in Chantor 11	9 Florida Statuta	e I further e	ertify that the is	nformation	
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 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: Allyulu Mneur Jacqueline M. Francis VIII/OL V 23977577)													