

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005224

FILED
Jul 02, 2007
Secretary of State

Entity Name: SELECT HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

18547 ROAYL HAMMOCK BLVD
NAPLES, FL 34114

New Principal Place of Business:

18547 ROYAL HAMMOCK BLVD
NAPLES, FL 34114

Current Mailing Address:

18547 ROAYL HAMMOCK BLVD
NAPLES, FL 34114

New Mailing Address:

18547 ROYAL HAMMOCK BLVD
NAPLES, FL 34114

FEI Number: 23-2926227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANCIS, JACQUELINE
8385 WHISPER TRACE LANE, #202
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

FRANCIS, JACQUELINE
18547 ROYAL HAMMOCK BLVD.
NAPLES, FL 34114 US

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: JACQUELINE M. FRANCIS

07/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCTD () Delete
Name: FRANCIS, JACQUELINE M
Address: 18547 ROYAL HAMMOCK BLVD
City-St-Zip: NAPLES, FL 34114

Title: VSD () Delete
Name: FRANCIS, S. MICHAEL
Address: 18547 ROAYL HAMMOCK BLVD
City-St-Zip: NAPLES, FL 34114

Title: V (X) Delete
Name: KANE, CHERI S
Address: 35 SUMMIT AVE
City-St-Zip: PORTSMOUTH, NH 03801

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:

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE M. FRANCIS

PRES

07/02/2007

Electronic Signature of Signing Officer or Director

Date