

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 A
Secretary of State

DOCUMENT # F00000005542

1. Entity Name

SECURITY HEALTHCARE CORPORATION



Principal Place of Business

7061 CYPRESS CREEK ROAD, #104
PLANTATION FL 33317

Mailing Address

7061 CYPRESS CREEK ROAD, #104
PLANTATION FL 33317

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-1010403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURRIER, VICKI
7061 CYPRESS ROAD
SUITE 104
PLANTATION FL 33371

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME SPIRA, LAWRENCE R M.D.
STREET ADDRESS 7061 CYPRESS CREEK ROAD, #104
CITY ST ZIP PLANTATION FL 33317

TITLE VSD ☐ Delete
NAME BURRIER, VICKI
STREET ADDRESS 7061 CYPRESS ROAD SUITE 104
CITY ST ZIP PLANTATION FL 33317

TITLE ☐ Delete
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STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
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CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY ST ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicki Burrier VICKI BURRIER

Date

2/24/05

Daytime Phone #

954-474-7701