

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1010403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURRIER, VICKI
7061 CYPRESS ROAD
SUITE 104
PLANTATION FL 33371

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U000000696310 ☐ Change ☐ Addition
04/17/07-80094-021 150.00

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

LAWRENCE R SPIRA