

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003966

Entity Name: FIRST HEALTH SERVICES OF FLORIDA, INC.

FILED  
Mar 20, 2006  
Secretary of State

**Current Principal Place of Business:**

4300 COX ROAD  
GLEN ALLEN, VA 23060

**New Principal Place of Business:**

**Current Mailing Address:**

4300 COX ROAD  
GLEN ALLEN, VA 23060

**New Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

FEI Number: 54-1890081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: McDONOUGH, THOMAS P  
Address: 6705 ROCKLEDGE DR; SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: T ( ) Delete  
Name: MASTRI, THOMAS M  
Address: 6705 ROCKLEDGE DR; SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: S ( ) Delete  
Name: SMITH, SHIRLEY R  
Address: 6705 ROCKLEDGE DR; SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: V ( ) Delete  
Name: LYNCH, ARTHUR J  
Address: 6705 ROCKLEDGE DR; SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: V ( ) Delete  
Name: SHOLDER, MARTIN A  
Address: 6705 ROCKLEDGE DR; SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: VP ( ) Delete  
Name: GLOGOWSKI, KARYN R  
Address: 6705 ROCKLEDGE DR; SUITE 900  
City-St-Zip: BETHESDA, MD 20817

**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:

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: SMITH, SHIRLEY R

S

03/20/2006

Electronic Signature of Signing Officer or Director

Date