2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003966

Entity Name: FIRST HEALTH SERVICES OF FLORIDA, INC.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
4300 COX GLEN ALL	ROAD EN, VA 2306	0			
Current Mailing Address:			New Maili	ng Address:	
SUITE 900	KLEDGE DRI) A, MD 20817	VE			
FEI Number:	: 54-1890081	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
NRAI SER 2731 EXEC WESTON,	VICES, INC. CUTIVE PARM FL 33331	(DR., STE. 4 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car		93(2)(b), F.S., the corporation did no g Trust Fund Contribution (). CTORS:	·	e. IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PD () Delete	Title:	() Change () Addition	
Name: Address: City-St-Zip:	MCDONOUGH	, THOMAS P :DGE DR; SUITE 900	Name: Address: City-St-Zip:	() Shange () Mandon	
Title: Name: Address: City-St-Zip:	MASTRI, THO	DGE DR; SUITE 900	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition GUERTIN, SHAWN M 6705 ROCKLEDGE DR; SUITE 900 BETHESDA, MD 20817	
Title: Name: Address: City-St-Zip:	SMITH, SHIRL	DGE DR; SUITE 900	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	LYNCH, ARTH	DGE DR; SUITE 900	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LYNCH, ARTHUR J 3200 HIGHLAND AVENUE DOWNERS GROVE, IL 60515	
Title: Name: Address: City-St-Zip:	SHOLDER, MA	DGE DR; SUITE 900	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SHOLDER, MARTIN A 100 EAST ROYAL LANE STE 105 IRVING, TX 75039	
Title: Name: Address: City-St-Zip:	GLOGOWSKÌ,	DGE DR; SUITE 900	Title: Name: Address: City-St-Zip:	AT (X) Change () Addition ROBINSON III, G. K 6705 ROCKLEDGE DR., SUITE 900 BETHESDA, MD 20817	
I hereby ce	ertify that the ir	nformation supplied with this fili	ng does not qualify fo	r 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: G. K. ROBINSON III 07/05/2007 ΑT Date