

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F05000004699

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Entity Name:** INDAGO HEALTHCARE OF FLORIDA, INC.

**Current Principal Place of Business:**

200 KNUTH ROAD  
226  
BOYTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

860 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

5661 N.W.29TH ST  
MARGATE, FL 33063

**FEI Number:** 20-3029699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIRA, RAYMOND  
200 KNUTH RD  
226  
BOYNTON BEACH, FL 33436 US

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

PETERSON, MATTHEW PC  
200 KNUTH RD  
226  
BOYNTON BEACH, FL 33436 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: MATTHEW PETERSON

10/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: MIRRA, RAYMOND  
Address: 860 US HIGHWAY 1  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: STD (X) Delete  
Name: KOVINSKY, MARK  
Address: 860 US HIGHWAY 1  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PC (X) Change ( ) Addition  
Name: PETERSON, MATTHEW  
Address: 200 KNUTH RD SUITE 226  
City-St-Zip: BOYNTON BEACH, FL 33436

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: MATTHEW PETERSON

PC

10/16/2007

Electronic Signature of Signing Officer or Director

Date