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

## **FILED** Jan 30, 2007 8:00 am Secretary of State

DOCUMENT # F06000004467  1. Entity Name MAGNAHEALTH, INC. OF DELAWARE								01-30-2007 90007 035 ***150.00				
Principal Place of Business 26600 ACE AVE STE 1001 LEESBURG, FL 34748				Mailing Address P.O.BOX 3228 PALM BCH, FL 33480				40006316				
				3. Mailing Address P.O. Gox 2378 Suite, Apt. #, etc.				01052007 Chg-P CR2E034 (12/06)				
Palm Beach FL Zip Country				City & State Palm Beach FL Zip Count				4. FEI Numb 20-382	4271		— <del>— —</del>	oplied For ot Applicable
334		U.S.A.		33480	<u>U</u>	<u> 54.</u>			of Status Desired		Fee Require	
Name and Address of Current Registered Agent								/. Name and	Address of New R	egistered	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street A	ddress (F	P.O. Box Numb	er is Not Acceptable	)		
						City				Fl	- 1	1
8. The above the obligat	named entity ions of register	submits this stateme red agent.	nt for the	purpose of changing its	registen	ed office o	r registeri	ed agent, or bo	th, in the State of Fk	wida. Iam	tamiliar with,	and accept
SIGNATURE	Signature, typed or	r printed name of registered	gent and little	If applicable. (NOTE	: Pegistere	d Agent signa	ure required	when reinstating)		DATE		
		FEE IS \$150.00 Fee will be \$5		9. Election Campai Trust Fund Contr		ncing 🗆		00 May Be ed to Fees				
10.		OFFICERS A	ND DIRE	_	11.		100	ADDITIONS	/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	26600 ACE	GEORGE E JR. E AVE STE 1001 3, FL 34748		□ Delete	1		Muelle 240	er, George Royal Bal Beach	E. Jr. m Way FL 33480		(X) Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ſ	/ID V E AVE STE 1001 G, FL 34748		☐ Delete			VCVS	David V.	ln Way FL 33480		(X) Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ES G E AVE STE 1001 3, FL 34748		☐ Delete		E EET ADDRESS '-ST-ZIP	ØΤ	Tames G Royal Pal			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				, , , , , , , , , , , , , , , , , , ,	, - 35 - 5		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	CITY	NE EET ADORESS (-ST-ZIP					☐ Change	Addition Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 embowered 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:  Basin ATURE Application of the information contained in Chapter 607, Florida Statutes, I further certify that the information indicated on this report is signature. I further certify that the information indicated on this report of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this report is a function of the corporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this report is a function of the corporation or the receiver or trustee emboured by Chapter 607, Florida Statutes, I further certify that the information indicated on this report is a function of the corporation or the same and that my same appears in Block 10 or Block 11 if the corporation or the receiver or trustee emboured by Chapter 607, Florida Statutes, I further certify that the information indicated on this report is a function of the corporation or the same and that my same appears in Block 10 or Block 11 if the corporation or the same and that my same appears in Block 10 or Block 11 if the corporation or the same and that my same and that my same and the same and the same and the same and t												
SIGNAT	TURE:	SIGNATURE AND TYPE	OR PRINTE	D NAME OF BIGHING OFFICER	ONG OFFEC	e C.	Mue	elles, J	1. DIVJS	.07	56/18 Daytine Phone #	32.7601