

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005909

1. Entity Name
TSG HEALTH CARE RESOURCES, INC.



Principal Place of Business
352 PARK STREET, PARK PLACE WEST, STE 101
NORTH READING, MA 01864

Mailing Address
352 PARK STREET, PARK PLACE WEST, STE 101
NORTH READING, MA 01864



08222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3393409	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EVANOFF, STEVE
STREET ADDRESS	2 MAIN STREET STE 325
CITY-ST-ZIP	STONEHAM, MA 02155

TITLE	VP
NAME	HAMPOIAN, SCOTT
STREET ADDRESS	2 MAIN STREET STE 325
CITY-ST-ZIP	STONEHAM, MA 02155

TITLE	CFO
NAME	CHAMBERLAIN, PAUL
STREET ADDRESS	2 MAIN STREET STE 325
CITY-ST-ZIP	STONEHAM, MA 02155

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000575111
08/23/06-80004-012 550.00

U000000575111
08/23/06-80004-013 8.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

SIGNATURE: Paul Chamberlain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/06

Date

478-664-1131

Daytime Phone #