


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H64102		
1. Entity Name FL HEALTH COMPLEX, INC.		


FILED

07 APR -6 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US	Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01122007	Chg-P CR2E034 (12/06)
4. FEI Number 95-3992793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSEN, CAITLIN M 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIGMAN, DONALD 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, JEFFREY S 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MACK, KRISTINA A 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100096441611 04/11/07--01016--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pr Dianne Aleman 5757 N Disie HWY FT Lauderdale FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report or supplemental report is true and accurate and that my signature shall of the corporation or the receiver or trustee empowered to execute this report as required by C changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Caitlin Larsen</u>	Caitlin Larsen, Secretary/Director 1/22/07 469-893-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #