


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # H66882 1. Entity Name THE CENTER OF OSCEOLA, INC.	
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Principal Place of Business 18745 SE FEDERAL HIGHWAY TEQUESTA, FL 33469 US	Mailing Address 18745 SE FEDERAL HIGHWAY TEQUESTA, FL 33469 US
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2575495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RUBENFELD, DAREN E
18745 SE FEDERAL HWY
TEQUESTA, FL 33469**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MILLER, ROBERT L. 18745 SE FEDERAL HWY TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBENFELD, DAREN L 18745 SE FEDERAL HWY TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUSTIN, CHRISTOPHER 18745 SE FEDERAL HWY TEQUESTA, FL 33469
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/08/06-80050-010 158.75

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: Daren Rubenfeld 4/25/06 561-743-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #