2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J56480

Entity Name: FLAMINGO PINES HEALTH CENTER, INC.

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

186 S. FLAMINGO RD. PEMBROKE PINES, FL 33027

Current Mailing Address: New Mailing Address:

186 S. FLAMINGO ROAD PEMBROKE PINES, FL 33027

FEI Number: 59-2820991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROTHMAN, DANIEL DR.

186 S. FLAMINGO ROAD
PEMBROKE PINES, FL 33027 US
HEDDY MURANSKY,P.A.

10813 DENVER DRIVE
COOPER CITY, FL 33026 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: HEDDY MURANSKY, ESQ. 01/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 ROTHMAN, DANIEL DR
 Name:
 LEMISHOW, BERNICE

 Address:
 186 S FLAMINGO RD.
 Address:
 186 S FLAMINGO RD.

 City-St-Zip:
 PEMBROKE PINES, FL 33027
 City-St-Zip:
 PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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: BERNICE LEMISHOW PD 01/17/2006