


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90228 045 ***150.00

DOCUMENT # K31368
 1. Entity Name
R.H.S. CORPORATION



Principal Place of Business
 650 W. BOYNTON BEACH BLVD
 BOYNTON BEACH, FL 33426

Mailing Address
 650 W. BOYNTON BEACH BLVD
 SUITE 2
 BOYNTON BEACH, FL 33426 US

60001706



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

0112006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0107953

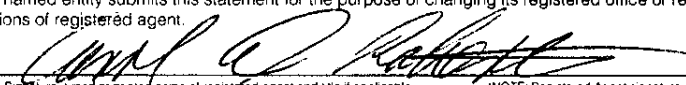
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ROBERTS, MARK E
 650 W BOYNTON BEACH BLVD
 SUITE 2
 BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent
 Name: **CAROL A ROBERTS**
 Street Address (P.O. Box Number is Not Acceptable):
650 W. BOYNTON BEACH BLVD
SUITE # 2
 City: **BOYNTON BEACH** FL Zip Code: **33426**

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: **1-12-06**

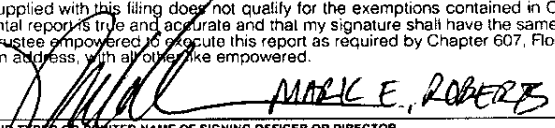
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ROBERTS, MARK E DDS 650 W BOYNTON BCH BLVD, STE 2 BOYNTON BCH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT = P CAROL A. ROBERTS 650 W. BOYNTON BEACH BLVD STE 2 BOYNTON BEACH, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S T MARK E ROBERTS 650 W. BOYNTON BEACH BLVD STE 2 BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  DATE: **1/13/06** (561) 736-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR