

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L40219**

1. Entity Name  
**CONCIRE CENTERS, INC.**



Principal Place of Business

**411 COMMERCIAL CT.  
STE E  
VENICE, FL 34292 US**

Mailing Address

**411 COMMERCIAL CT.  
STE E  
VENICE, FL 34292 US**

**DO NOT WRITE IN THIS SPACE**



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2982878** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BINGHAM, JAMES H.  
411 COMMERCIAL CT.  
STE E  
VENICE, FL 34292**

**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 \$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

TITLE	PD
NAME	BINGHAM, JAMES H.
STREET ADDRESS	411 COMMERCIAL CT., STE E
CITY- ST- ZIP	VENICE, FL 34292
TITLE	VD
NAME	OAKLEY, THOMAS E.
STREET ADDRESS	101 ABC ROAD
CITY- ST- ZIP	LAKE WALES, FL
TITLE	ST
NAME	OAKLEY, THOMAS E.
STREET ADDRESS	101 ABC ROAD
CITY- ST- ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000523054  
05/03/06-80057-006 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #