2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# L59475

Entity Name: COMPASS HEALTH SYSTEMS, P.A.

Current Principal Place of Business:

1065 NE 125 ST
409
N MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

1065 NE 125 ST
409
N MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0199979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JELONEK, DENISE
ATTN: DENISE JELONEK
1065 NE 125 ST., SUITE 409
N. MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCOTT, SEGAL
Address: 19 INDIAN CREEK VILLAGE DRIVE
City-St-Zip: INDIAN CREEK VILLAGE, FL 33154 US

Title: T ( ) Delete
Name: GREENBERG, EUGENE
Address: 400 KINGS POINT DRIVE, APT 1508
City-St-Zip: SUNNY ISLE, FL 33160 US

Title: S ( ) Delete
Name: SEGAL, SCOTT
Address: 19 INDIAN CREEK DRIVE
City-St-Zip: INDIAN CREEK VILLAGE, FL 33154 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCOTT, SEGAL
Address: 1065 NE 125TH STREET, # 409
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SEGAL, SCOTT
Address: 1065 NE 125TH STREET, SUITE 409
City-St-Zip: NORTH MIAMI, FL 33161 US

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: SCOTT SEGAL P 02/13/2006

Electronic Signature of Signing Officer or Director Date