

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M14392

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: DYNAMIC HEALTH CARE PROVIDERS, INC.

**Current Principal Place of Business:**

2099 WEST PROSPECT ROAD  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

4980 NW 72 TERR.  
LAUDERHILL, FL 33319 US

**New Mailing Address:**

FEI Number: 59-2560362      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KELLY, SAMUEL E  
4980 N.W. 72 TERR  
LAUDERHILL, FL 33319 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: ST ( ) Delete  
Name: BIAS, TIFFANYE A  
Address: 7449 NW 48TH PLACE  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: KELLY, SAMUEL E  
Address: 4980 NW 72 TERR.  
City-St-Zip: LAUDERHILL, FL 33319

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: A ( ) Change (X) Addition  
Name: BIAS, JAMES E  
Address: 4961 NW 72ND TERRRACE  
City-St-Zip: LAUDERHILL, FL 33319

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: TIFFANYE BIAS

ST

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date