2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# M21307

Entity Name: DELEEUW'S FAMILY CLINIC, INC.

Current Principal Place of Business:

599 S. FEDERAL HWY.
DANIA, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

599 S. FEDERAL HWY.
DANIA, FL 33004 US

New Mailing Address:

FEI Number: 59-2604807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YABLIN, ARNOLD
699 S. FEDERAL HWY.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

THOMPSON, RUBEN T
166 NE 96TH ST
MIAMI, FL 33138 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: RUBEN THOMPSON 01/13/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DE LEEUW, JOSEPH,
Address: 599 S. FEDERAL HWY.
City-St-Zip: DANIA, FL

Title: P ( ) Delete
Name: FOWLER, CHRISTINE
Address: 599 S. FEDERAL HWY
City-St-Zip: DANIA, FL 33004

Title: VP ( ) Delete
Name: GORDON, SALLY
Address: 5990 S. FEDERAL HWY
City-St-Zip: DANIA, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: EDOUARD, PIERRE M.D, .
Address: 599 S. FEDERAL HWY.
City-St-Zip: DANIA, FL

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

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

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: PIERRE EDOUARD M.D. DP 01/13/2006
Electronic Signature of Signing Officer or Director Date