

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 26, 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:**

THOMPSON, RUBEN T  
166 NE 96TH ST  
MIAMI, FL 33138 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: EDOUARD, PIERRE M.D.  
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 (X) Delete  
Name: GORDON, SALLY  
Address: 5990 S. FEDERAL HWY  
City-St-Zip: DANIA, FL 33004

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

Title: P (X) Change ( ) Addition  
Name: DAVIS-FOWLER, CHRISTINE  
Address: 599 SOUTH FEDERAL HIGHWAY  
City-St-Zip: DANIA BEACH, FL 33004 US

Title: VP (X) Change ( ) Addition  
Name: GORDON, SALLY  
Address: 599 S. FEDERAL HWY  
City-St-Zip: DANIA, FL 33004 US

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: CHRISTINE DAVIS- FOWLER

P

07/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date