

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000665

FILED  
Mar 09, 2006  
Secretary of State

Entity Name: FL-2 DMAT, INC.

## Current Principal Place of Business:

1153 SE 32 TERRACE  
CAPE CORAL, FL 33904

## New Principal Place of Business:

1611 MANZANA AVE.  
PUNTA GORDA, FL 33982 US

## Current Mailing Address:

1153 SE 32 TERRACE  
CAPE CORAL, FL 33904

## New Mailing Address:

1153 SE 32 TERRACE  
CAPE CORAL, FL 33904 US

FEI Number: 46-0486829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOWLES, CONNIE  
1153 SE 32ND TERRACE  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

BOWLES, CONNIE L ADMIN  
1153 SE 32ND TERRACE  
CAPE CORAL, FL 33904 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: CONNIE BOWLES

03/09/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: AD ( ) Delete  
Name: BOWLES, CONNIE  
Address: 1153 SE 32ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: DDUC ( ) Delete  
Name: GOTTSCHALK, BRUCE  
Address: 1309 SE 29 TERR,  
City-St-Zip: FORT MYERS, FL 339198114

Title: DUC ( ) Delete  
Name: HENDRICKSON, ROBERT  
Address: 3300 SCENIC VIEW DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AO (X) Change ( ) Addition  
Name: BOWLES, CONNIE L ADMIN  
Address: 1153 SE 32ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: DUC (X) Change ( ) Addition  
Name: GOTTSCHALK, BRUCE  
Address: 608 SE 30TH LANE  
City-St-Zip: CAPE CORAL, FL 33904

Title: UC (X) Change ( ) Addition  
Name: HENDRICKSON, ROBERT  
Address: 3300 SCENIC VIEW DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE BOWLES

AO

03/09/2006

Electronic Signature of Signing Officer or Director

Date