

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 24, 2006
Secretary of State

DOCUMENT# N02000005018

Entity Name: SONIA PLOTNICK HEALTH FUND INC.**Current Principal Place of Business:**PO BOX 530606
ST PETERSBURG, FL 33747 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 530606
ST PETERSBURG, FL 33747 US**New Mailing Address:****FEI Number:** 59-2513296**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**METRANO, CHARLENE
2408 59TH ST SOUTH
GULFPORT, FL 33711 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: P () Delete
Name: METRANO, CHARLENE
Address: 2408 59TH ST SOUTH
City-St-Zip: GULFPORT, FL 33711

Title: T () Delete
Name: GARRABRANT, LINDA
Address: 4724 25TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: S () Delete
Name: DESMARIS, CHICKY
Address: 12520 83RD AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: MCGOUGH, KAREN
Address: PO BOX 46406
City-St-Zip: ST PETE BEACH, FL 33741

Title: D () Delete
Name: RODRIQUEZ, LYNDIA
Address: 2405 YORK ST SOUTH
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: TADDEO, KAREN
Address: 5413 21ST. STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

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

SIGNATURE: CHARLENE METRANO

P

09/24/2006

Electronic Signature of Signing Officer or Director

Date