

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009154

FILED
Apr 24, 2006
Secretary of State

Entity Name: FLORIDA HEALTH FREEDOM ACTION, INC.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
SUITE 701, SUNTRUST PLAZA
CORAL GABLES, FL 33134

New Principal Place of Business:

4897 SW 82 ST..
MIAMI, FL 33143

Current Mailing Address:

201 ALHAMBRA CIRCLE
SUITE 701, SUNTRUST PLAZA
CORAL GABLES, FL 33134

New Mailing Address:

4897 SW 82 ST..
MIAMI, FL 33143

FEI Number: 55-0816742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DEBORAH J
201 ALHAMBRA CIRCLE
SUITE 701, SUNTRUST PLAZA
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MILLER, DEBORAH J
4897 SW 82 ST..
MIAMI, FL 33143 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:

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CROCE, ANN J
Address: 320 WEST MINNESOTA AVE.
City-St-Zip: DELAND, FL 32720

Title: SD () Delete
Name: BURCH, HEATHER
Address: 5801 PELICAN BAY BLVD., STE. 104
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: SKENE, NEIL
Address: 6737 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MILLER, DEBORAH J
Address: 201 ALHAMBRA CIRCLE, STE. 701
City-St-Zip: CORAL GABLES, FL 33134

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: MILLER, DEBORAH J
Address: 4897 SW 82 ST.
City-St-Zip: MIAMI, FL 33143

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: NEIL SKENE

TD

04/24/2006

Electronic Signature of Signing Officer or Director

Date