2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N04000001867

Entity Name: PATIENT CENTERED HEALTH NETWORK, INC.

Current Principal Place of Business:

240 SOUTHPARK CIRCLE EAST
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

240 SOUTHPARK CIRCLE EAST
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-0752722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARATHE, S.S. MD
240 SOUTHPARK CIRCLE EAST
ST AUGUSTINE, FL 32086 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:	DT	( ) Delete
Name:	GORDY, JOSEPH	
Address:	400 HEALTHPARK BLVD, FLAGLER HOSPITAL	
City-St-Zip:	ST AUGUSTINE, FL 32086	
Title:	DVP	( ) Delete
Name:	CARTER, REUBIN B	
Address:	531 ASHLAND ST	
City-St-Zip:	HASTINGS, FL 32145	
Title:	DPC	( ) Delete
Name:	KLIPSTINE, EDWIN	
Address:	5055 CLYMER ROAD	
City-St-Zip:	ELKTON, FL 32033	
Title:	DS	( ) Delete
Name:	REGAN, JOHN R	
Address:	306 N. MAIN STREET	
City-St-Zip:	HASTINGS, FL 32145	
Title:	M	( ) Delete
Name:	MARATHE, S.S. M.D.	
Address:	240 SOUTHPARK CIRCLE EAST	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	D	( ) Delete
Name:	HARRIS, EDITH	
Address:	316 DANIEL ST	
City-St-Zip:	HASTINGS, FL 32145	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S.S. MARATHE MD 04/25/2006

Electronic Signature of Signing Officer or Director — Date