2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002083

Entity Name: CALVARY HEALTH AND SUPPORT INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7051 SW 13 STREET 9001 CRESCENT DRIVE PEMBROKE PINES, FL 33023 MIRAMAR, FL 33025

Current Mailing Address: New Mailing Address:

7051 SW 13 STREET 9001 CRESCENT DRIVE PEMBROKE PINES, FL 33023 MIRAMAR, FL 33025

FEI Number: 20-0789142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSHOKOYA, RASHEED O MD.
7051 SW 13TH STREET
PEMBROKE PINES, FL 33023 US
OSHOKOYA, RASHEED O MD.
9001 CRESCENT DRIVE
MIRAMAR, FL 33025 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: RO 04/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 OSHOKOYA, RASHEED O MD.
 Name:
 OSHOKOYA, RASHEED O MD.

 Address:
 7051 SW 13 STREET
 Address:
 9001 CRESCENT DRIVE

 City-St-Zip:
 PEMBROKE PINES, FL 33023
 City-St-Zip:
 MIRAMAR, FL 33025

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: RASHEED OSHOKOYA PRES 04/19/2006