2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# N04000007944

Entity Name: DESOTO HEALTH RESOURCES, INC.

Current Principal Place of Business:

1901 S.E. BAKER AVE
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 390
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 75-3174401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINHARDT, J. RUDY
1200 W. AVON BOULEVARD
SUITE 109
AVON PARK, FL 34825 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:	REINHARDT, J. RUDY	
Address:	1200 W. AVON BOULEVARD, SUITE 109	
City-St-Zip:	AVON PARK,, FL 34825 US	
Title:	VP	( ) Delete
Name:	SANTANDER, WARREN L	
Address:	900 N. ROBERT AVENUE	
City-St-Zip:	ARCADIA, FL 34265 US	
Title:	S	( ) Delete
Name:	JOHNSON, KELLY J	
Address:	1200 W. AVON BOULEVARD, SUITE 109	
City-St-Zip:	AVON PARK, FL 33825 US	
Title:	T	( ) Delete
Name:	HINIKER, ROBERT	
Address:	1901 S.E. BAKER STREET, P.O. BOX 390	
City-St-Zip:	ARCADIA, FL 34265 US	
Title:	D	( ) Delete
Name:	BARRERA, PAT	
Address:	900 N. ROBERT AVENUE	
City-St-Zip:	ARCADIA, FL 34266 US	
Title:	D	( ) Delete
Name:	WHITLOCK, PAUL	
Address:	910 W. GIBSON STREET	
City-St-Zip:	ARCADIA, FL 34266 US	

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:	D	(X) Change ( ) Addition
Name:	GARNER, MELANIE	
Address:	900 N. ROBERT AVENUE	
City-St-Zip:	ARCADIA, FL 34266 US	
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: J. RUDY REINHARDT P 04/04/2006

Electronic Signature of Signing Officer or Director — Date