r	06 NOT-FOR-PR ANNUAI	Jul 1	FILED Jul 12, 2006 8:00 am Secretary of State				
1. Entity Narr	MENT # N0400001				12-2006 90005 046		
Principal Place of Business 12300 PARK BLVD. #216		Mailing Address 12300 PARK BLVD. #216			50022155		
SEMINOLE, FL 33772 US 2. Principal Place of Business		SEMINOLÉ, FL 33772	US				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1 HALLIS EL SAN THE AND THE EEN ALLI LEN AND THE EARLY LEND IN HEI 05022006 Chg-NP CR2E037 (4/06)		
City & State		City & State		4. FEI Number 20-196726			plied For
Ζīp	Country	Zip	Zip Country		atus Desired 🕺	\$8.75 Add Fee Required	
6. Name and Address of Current				7. Name and Add	7. Name and Address of New Registered Agent		
	David RK Blvd, <b># 216</b> E, Fl 33772		Street Au 1230		P.O. Box Number is Not Acceptable)		
	e named entity submits this statement fo tions of registered agent. Standard or printed neme of registered agent	- DON	<u>.2 - Doi</u>	-		- <u>337</u> familiar with,	and accept
			. <u></u>	ution. Added to Fees Florida Department of State			tate
10.	OFFICERS AND DI		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOVER, JESSICA K 12300 PARK BLVD. #216 SEMINOLE, FL 33772	A Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DON J. DOVEN 12300 PARK BU SEMINDLE, FL.	CVD. Harb	Change	Addition
title Name Street address	DIR DOVER, DAVID J 12300 PARK BLVD. #216	Delete	TILE I	DIR. LISA MARSH I I I 4 FLOR 104 PALM HARB		Change	Addition
CITY-ST-ZIP	SEMINOLE, FL 33772	·····	CITY-ST-ZIP	PALM HARB	OR FL. 346	84	
TITLE NAME STREET ADDRESS CETY-ST-ZIP	DIR DOVER, CATHERINE C 12300 PARK BLVD. #216 SEMINOLE, FL 33772	Delete	TITLE Name Street address City-st-zip			Change	Addition
TITLE NAME Street address City-st-2dp		Deiste	title Name Street address City-st-zip			Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	Change	Addition
TITLE NAME Street Address City-st-zip		C Delete	TITLE NAME Street address City-st-zip			Change	Addition
indicated of the cor	certify that the information supplied with the on this report or supplemental report is provation or the receiver or trustee emp , or on an attachment with an address, TURE:	s true and accurate and that m owered to execute this report a	y signature shall ha s required by Cha ATHERIN	ave the same legal effect as i	if made under oath; that i id that my name appears	am an officer	or director

1089  $\cap$ Le lectom-N oncer auster ž ullaresiene, low of ar hattle with like Cast : Caxeer October 25,2005. Reging to get the bessences ) in pe to keep the Daving in her helping career patients and their familie deservere p.t. \*\*\*\*\* set a e cura Lla haf Cast yes sk you 5 7006 .....