

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09353

FILED
Mar 13, 2006
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR AMBULATORY CARE, INC.

Current Principal Place of Business:

805 COULTER PLACE
BRANDON, FL 33511

New Principal Place of Business:

4634 HARDEN BLVD.
LAKELAND, FL 33813

Current Mailing Address:

805 COULTER PLACE
BRANDON, FL 33511

New Mailing Address:

4634 HARDEN BLVD.
LAKELAND, FL 33813

FEI Number: 59-2725983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINSTEIN, GARY S.
805 COULTER PL
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

WEINSTEIN, GARY S.
4634 HARDEN BLVD
LAKELAND, FL 33813 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:

03/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DICKEY, STEPHEN,
Address: 500 N. WESTSHORE BL,#900
City-St-Zip: TAMPA, FL

Title: MD () Delete
Name: WEINSTEIN, GARY,
Address: 805 COULTER PL
City-St-Zip: BRANDON, FL

Title: D () Delete
Name: WHITE, GREG
Address: D1750 N BROADWAY
City-St-Zip: BARTOW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEINSTEIN, GARY,
Address: 805 COULTER PL
City-St-Zip: BRANDON, FL

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: GARY S. WEINSTEIN

D

03/13/2006

Electronic Signature of Signing Officer or Director

Date