2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006
Secretary of State

DOCUMENT# N19919

Entity Name: PRIVATE CARE ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 14629
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 63-0774917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLESNICK, DONALD D., III
2701 PONCE DE LEON
SUITE 200
CORAL GABLES, FL 33134 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: PD ( ) Delete
Name: CATALANO, MARC
Address: 419 W 49TH STREET, STE 200
City-St-Zip: HIALEAH, FL

Title: SD ( ) Delete
Name: STAHL, EDWARD
Address: 633 NE 167TH ST #815
City-St-Zip: N MIAMI BCH, FL 33162

Title: TD ( ) Delete
Name: FREIDMANN, JONI
Address: 702 N CARROLLTON AVE
City-St-Zip: NEW ORLEANS, LA 70124

Title: VD ( ) Delete
Name: BARBEE, CHIP
Address: POST OFFICE BOX 903
City-St-Zip: AUGUSTA, GA 30903

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:

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: ROBERT SKROB D 05/24/2006

Electronic Signature of Signing Officer or Director — Date