## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Jun 26, 2006 8:00 am

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1. Entity Name	MENT # N40655 ER CENTER MAINTENANCE				001 046 ****61		
	OLAS BLVD Pale, FL 33301	Mailing Address 200 E. LAS OLAS BLVD SUITE 1660 FT. LAUDERDALE, FL 33	3301				
5900 N	lace of Business I. Andrews Avenue		drews ave	nue !!!!!!!!!!!!!!!!	DOLIN BIIDI DILAI AIII BINI		B1 6) (B1)
Suite, Apt.	#, etc. 2 500	Suite, Apt. #, etc. Suite 500			hg-NP	CR2E037 (4/06)	
City & State	auderdale, FL	Fott Lauderd	ale, FL	4. FEI Number 65-024562	21	<del>- +</del>	olied For Applicable
3830	9 US	33309	Country	5. Certificate of St	tatus Desired	See Required	
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7. Name and Add	Iress of New Regis	stered Agent	
	ORATION NE ISLAND ROAD ON, FL 33324	Street Addre		Tammer M Not Acceptable YEWS (1)	renue Esq	)	
			City Fo	+ Loudaco	ر اما	FL Zip Code	2/9
	named entity submits this statement for t	the purpose of changing its re	egistered office or reg	istered agent, or both, in	the State of Florida		and accept
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the obligati	ions of registered agent.						
the obligati	One of registered agent.  Signature, typed or printed name of registared agent an	nd title if applicable. (NOTE:	Registered Agent signature red	quired when reinstating)		DATE	
SIGNATURE .		od title il applicable. (NOTE:  9. Election Camp Trust Fund Co	paign Financing	quired when reinstating) \$5.00 May Be Added to Fees	i .	DATE a check payable to Department of Sta	
SIGNATURE .	Signature, typed or printed name of registared agent and Filling Fee Is \$61.25 ue by September 6, 2006	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of Sta	at <del>o</del>
SIGNATURE -	Signature, typed or printed name of registered agent and Filling Fee Is \$61.25 ue by September 6, 2006 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida	check payable to	at <del>o</del>
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DI  10.  TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and Filling Fee Is \$61.25 ue by September 6, 2006  OFFICERS AND DIRE  DP  KAMMERMAN, MARCY H 200 E. LES OLAS BLVD., SUITE 1	9. Election Camp Trust Fund Co	paign Financing ontribution.   11.  TITLE  NAME  MAGE  Date of the control of the	\$5.00 May Be Added to Fees ADDITIONS/CHANG P arcy H. Kamm	Florida SES TO OFFICERS NOR MACHINE NOS QUENUL	a check payable to Department of Sta AND DIRECTORS IN Change	10 Addition
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DI  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent and Filling Fee Is \$61.25 ue by September 6, 2006  OFFICERS AND DIRE  DP KAMMERMAN, MARCY H 200 E. LES OLAS BLVD., SUITE 1 FORT LAUDERDALE, FL 33301  DVP CAULEY, JAMES M JR.	9. Election Camp Trust Fund Co	paign Financing ontribution.   11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	\$5.00 May Be Added to Fees ADDITIONS/CHANG P arcy H. Kamn 100 U. Andrei 174 Lauderdale 178 Mes R. Hel	Florida  SES TO OFFICERS  OUT MAN  SES TO OFFICERS  OUT MAN  FL 3338	a check payable to Department of Sta AND DIRECTORS IN Change  Sw+C 50	10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the reporter or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR