2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N47317

Entity Name: CARELINK PARTNERS, INC.

Current Principal Place of Business:

201 PINELOCH
SUITE 23
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1414 KUHL AVENUE
MP2
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-3110868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOGNER, JAMES B
225 E. ROBINSON ST
STE. 600
ORLANDO, FL 32801 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: D ( ) Delete
Name: HILLENMEYER, JOHN
Address: 1414 KUHL AVENUE; MP4
City-St-Zip: ORLANDO, FL 32806

Title: DP ( ) Delete
Name: ELSWICK, SHANNON
Address: 1414 KUHL AVENUE; MP1
City-St-Zip: ORLANDO, FL 32806

Title: DVP ( ) Delete
Name: HODGES, KARL
Address: 1414 KUHL AVENUE; MP71
City-St-Zip: ORLANDO, FL 32806

Title: DST ( ) Delete
Name: GOLDSTEIN, PAUL
Address: 1414 KUHL AVENUE ; MP2
City-St-Zip: ORLANDO, FL 32806

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: PAUL A. GOLDSTEIN DST 04/10/2006

Electronic Signature of Signing Officer or Director — Date