

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED 182
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # P00000046214 1. Entity Name HEALTHEASE OF FLORIDA, INC.					
Principal Place of Business 8725 HENDERSON ROAD REN 1 TAMPA, FL 33634			Mailing Address 8735 HENDERSON ROAD REN 2 TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KIRAN C MD 8735 HENDERSON ROAD,REN 2 TAMPA, FL 33634 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED FARHA, TODD S 8735 HENDERSON ROAD,REN 2 TAMPA, FL 33634 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, DAVID 8735 HENDERSON ROAD,REN 2 TAMPA, FL 33634 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700073989547 05/04/06--01020--010 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, GARY 8735 HENDERSON ROAD,REN 2 TAMPA, FL 33634 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFTD BEHRENS, PAUL 8735 HENDERSON ROAD,REN 2 TAMPA, FL 33634 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEREDAY, THADDEUS 8735 HENDERSON ROAD,REN 2 TAMPA, FL 33634 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/11/2006 813 2906353 <small>Date Daytime Phone #</small>		

Exhibit A
to the 2006 Amended Annual Report of
HealthEase of Florida, Inc.
Document no. P00000046214

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Additions

P-FL
Sattaur, Imtiaz
8735 Henderson Road, Ren 2
Tampa, FL 33634

By: _____

Thaddeus Bereday, Secretary