



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000072896					
1. Entity Name SOUTH BEACH INPATIENT D.O. CARE, INC.					
Principal Place of Business 3800 N. MIAMI AVENUE MIAMI, FL 33127			Mailing Address C/O MARC H. AUERBACH 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131		
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	
AUERBACH, MARC H ESQ 201 S. BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE, CHRISTOPHER G DO		NAME		
STREET ADDRESS	3800 N MIAMI AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: 				Date _____	
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____	



02172006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-1033808 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

U00000501822
04/25/06-80077-022 150.00