



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000099103		
1. Entity Name AMERICAN HEALTH CARE LINE CORPORATION		
Principal Place of Business 417 RICHARD ROAD ROCKLEDGE, FL 32955	Mailing Address 417 RICHARD ROAD ROCKLEDGE, FL 32955	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SULIMAN, DAVID 417 RICHARD ROAD ROCKLEDGE, FL 32955		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$580.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000589453 07/11/06-80027-011 558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULIMAN, DAVID 417 RICHARD RD ROCKLEDGE, FL 32955	DO NOT WRITE IN THIS SPACE
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-10-6 <small>Date Daytime Phone #</small>