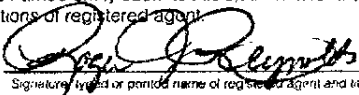
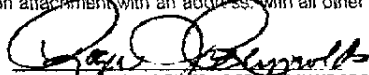


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000105919 1. Entity Name AMERICAN AFFORDABLE HEALTHCARE CORPORATION																													
Principal Place of Business 3170 N FEDERAL HWY STE 100 LIGHTHOUSE POINT FL 33064			Mailing Address 3170 N FEDERAL HWY STE 100 LIGHTHOUSE POINT FL 33064																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 65-1058892																									
6. Name and Address of Current Registered Agent REYNOLDS, ROGER J 3170 N. FEDERAL HWY., STE 100 LIGHTHOUSE POINT FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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  Signature typed or printed name of registered agent and title if applicable				DATE 2/13/06 (NOTE: Registered Agent signature required when re-registering)																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PST</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>REYNOLDS, ROGER J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3170 N FEDERAL HWY STE 100</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LIGHTHOUSE POINT FL 33064</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PST	☐ Delete	NAME	REYNOLDS, ROGER J		STREET ADDRESS	3170 N FEDERAL HWY STE 100		CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064		TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/13/06 954-943-1193