

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90193 020 ***150.00

DOCUMENT # P00000114574 1. Entity Name FLETCHER'S HEALTHCARE MANAGEMENT, INC.			
Principal Place of Business 3090 SUNSET POINT ROAD CLEARWATER, FL 33759		Mailing Address 3090 SUNSET POINT ROAD CLEARWATER, FL 33759	
2. Principal Place of Business - No P.O. Box # 1189 DYER LAKE Rd		3. Mailing Address 1189 DYER LAKE Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TRAVERSE City MI		City & State TRAVERSE City MI	
Zip 49684		Zip 49684	
Country USA		Country USA	
4. FEI Number 72-1361591		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLETCHER, LINDA L 3135 BLUFF BLVD. HOLIDAY, FL 34691		7. Name and Address of New Registered Agent Name MARCELLA ZINNER Street Address (P.O. Box Number is Not Acceptable) 551 BONNIE BLVD City PALM HARBOR FL Zip Code 34684	
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 <u><i>Marcella Zinner</i></u> MARCELLA ZINNER 17 April 07 <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 \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FLETCHER, LINDA L 3090 SUNSET POINT RD CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLETCHER, LINDA L 1189 DYER LAKE Rd TRAVERSE City, MI 49684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUSSELL, JANIS L 3090 SUNSET POINT RD CLEARWATER, FL 33759	TITLE 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 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: <u><i>Rinda R. Fletcher</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		17 April 07 231-929-1837 <small>Date Daytime Phone #</small>	