


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P00000115424 1. Entity Name FLORIDA HEALTH ADMINISTRATORS, INC. | | | |  | |
| Principal Place of Business 6499 POWELINE RD 5206 FORT LAUDERDALE, FL 33309 | | | Mailing Address 201 S BISCAYNE BLVD STE 2000 MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 65-1064109 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KIRKPATRICK & LOCKHART LLP 201 SOUTH BISCAYNE BLVD. MIAMI CENTER-20TH FLOOR MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | PRES SHEA, RICHARD P 6499 POWELINE RD 5206 FORT LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC HANLEY, RICHARD P 6499 POWERLINE RD 5206 FORT LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete | | | |
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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: Richard P. Shea 1/29/07 254-4913234 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |



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