

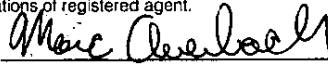
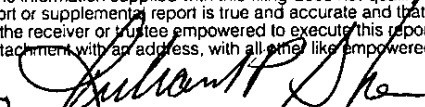
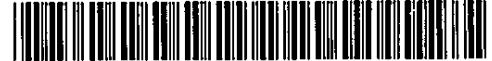


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 002 ***150.00

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 #		3. Mailing Address 200 S. Biscayne Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 3900			
City & State		City & State			
Zip	Country	Zip	Country		
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) 200 S. Biscayne Blvd Suite # 3900 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
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:  3/27/08 954-491-3234 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



02122008 Chg-P CR2E034 (12/06)

4. FEI Number **65-1064109** Applied For ☐ Not Applicable ☐

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