

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030696

FILED
May 01, 2006
Secretary of State

Entity Name: ST. ANDREWS MEDICAL PARK, INC.

Current Principal Place of Business:

6721 US HWY 27 SOUTH
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

6721 US HWY 27 SOUTH
SEBRING, FL 33872

New Mailing Address:

FEI Number: 86-1058300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOSE, JOHN E JR
514 E COLONIAL DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IBRAHIM, GEORGE W
Address: 6721 US HWY 27 SOUTH
City-St-Zip: SEBRING, FL 33876

Title: S/T () Delete
Name: IBRAHIM, JEAN
Address: 6721 US HWY 27 SOUTH
City-St-Zip: SEBRING, FL 33876

Title: VP () Delete
Name: IBRAHIM, ALASTAIR A
Address: 6721 US HWY 27 SOUTH
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALASTAIR IBRAHIM

VP

05/01/2006

Electronic Signature of Signing Officer or Director

Date