2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053002

Entity Name: CMR HEALTHCARE, INC.

FILED May 15, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
4733 CARAMBOLA CIRCLE NORTH	6096 ROYAL BURKDALE DRIVE

COCONUT CREEK, FL 33066 LAKEWORTH, FL 33463

Current Mailing Address: New Mailing Address:

4733 CARAMBOLA CIRCLE NORTH 6096 ROYAL BURKDALE DRIVE COCONUT CREEK, FL 33066 LAKEWORTH, FL 33463

FEI Number: 65-1106515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE CLEARWATER, FL 33761 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: ROSS, KAREN Name: ROSS, KAREN

Address: 4733 CARAMBOLA CIRCLE NORTH Address: 6096 ROYAK BURKDALE DRIVE City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: LAKEWORTH, FL 33463

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: KAREN ROSS P 05/15/2006