
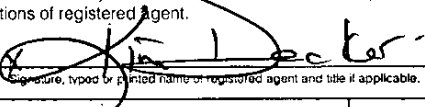



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90001 015 ***150.00

DOCUMENT # P01000101733 1. Entity Name A PARTNER IN HEALTH, INC.					
Principal Place of Business 133 LOST BEACH LANE PONTE VEDRA BEACH, FL 32082			Mailing Address 133 LOST BEACH LANE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3751221	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DECKER, KIMBERLY B 12645 ASH HARBOR DR. JACKSONVILLE, FL 32224			Name Kimberly B. Decker Street Address (P.O. Box Number is Not Acceptable) 133 Lost Beach Lane Ponte Vedra FL City FL Zip Code 32082		
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 Aug 14/06		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			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	PSTD DECKER, KIMBERLY B 12645 ASH HARBOR DR. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DECKER, KIMBERLY B 133 LOST BEACH LANE PONTE VEDRA FL 32082	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			DATE Aug 14/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE Daytime Phone #		

(904) 285-1240