

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002358

FILED
Apr 04, 2006
Secretary of State

Entity Name: HEALTH CARE MANAGERS, INC.

Current Principal Place of Business:

1900 AMELIA TRACE CT.
SUITE 200
FERNANDINA BEACH, FL 32034 US

Current Mailing Address:

1900 AMELIA TRACE CT.
SUITE 200
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

402 CENTRE STREET
SUITE G
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

P.O. BOX 687
FERNANDINA BEACH, FL 32035 US

FEI Number: 47-0853468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELL, STEVEN W
1900 AMELIA TRACE CT STE 200
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

SELL, STEVEN W
402 CENTRE STREET
SUITE G
FERNANDINA BEACH, FL 32034 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: STEVEN W. SELL

04/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SELL, STEVEN W
Address: 1900 AMELIA TRACE CT STE 200
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: WILSON, CHARLES
Address: 3030 HARTLEY RD STE 120
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SELL, STEVEN W
Address: 402 CENTRE STREET, SUITE G
City-St-Zip: FERNANDINA BEACH, FL 32034

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: STEVEN W. SELL

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04/04/2006

Electronic Signature of Signing Officer or Director

Date