

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000028189 1. Entity Name INTERNATIONAL LIFE & HEALTH SERVICES OF SARASOTA COUNTY, INC.					
Principal Place of Business 2477 STICKNEY PT RD., SUITE 315B SARASOTA FL 34231			Mailing Address 2477 STICKNEY PT RD., SUITE 315B SARASOTA FL 34231		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 04-3631971				☐ Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAIN, JAMES W JR 2477 STICKNEY PT RD., SUITE 315B SARASOTA FL 34231			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete P CRAIN, JAMES W JR 2477 STICKNEY PT RD., SUITE 315B SARASOTA FL 34231		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add 000000491617 04/19/06-80031-009 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 information empowered.

SIGNATURE: *James W Crain* **PRESIDENT & CEO 3/30/06 (941) 924-276**