


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000032173</b>	
1. Entity Name UNDERWOOD HEALTHCARE SERVICES, INC.	

Principal Place of Business 1815 W. SLIGH AVE. TAMPA, FL 33604 33614	Mailing Address 3105 W WATERS SUITE 210 7911 SPRING VALLEY DR TAMPA, FL 33615
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**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0855271	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  UNDERWOOD, WENDELL M 7911 SPRING VALLEY DR TAMPA, FL 33615
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**DO NOT WRITE  
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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 reinstating) DATE \_\_\_\_\_

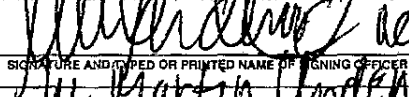
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP UNDERWOOD, WENDELL M 7911 SPRING VALLEY DR TAMPA, FL 33615
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05/04/05-80013-020 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  W. Martin Underwood, D.C.	Date: 4/22/2005 Daytime Phone #: 813-936-7979
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