

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90041 019 ***158.75

DOCUMENT # P02000032173 1. Entity Name UNDERWOOD HEALTHCARE SERVICES, INC.			
Principal Place of Business 3105 W WATERS SUITE 210 TAMPA, FL 33614		Mailing Address 7911 SPRING VALLEY DR TAMPA, FL 33615	
2. Principal Place of Business 1412 W. Waters Ave.		3. Mailing Address <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Suite, Apt. #, etc. Suite 205		Suite, Apt. #, etc. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
City & State Tampa, Florida		City & State <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Zip 33604		Country USA	
4. FEI Number 47-0855271		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02282006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent UNDERWOOD, WENDELL M 7911 SPRING VALLEY DR TAMPA, FL 33615		7. Name and Address of New Registered Agent <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	DP UNDERWOOD, WENDELL M 7911 SPRING VALLEY DR TAMPA, FL 33615	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <i>W. Martin Underwood</i>		Date <i>3/18/2006</i> Daytime Phone # <i>813-931-7979</i>	

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