


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90025 034 \*\*\*158.75

<b>DOCUMENT # P02000032173</b>			
1. Entity Name <b>UNDERWOOD HEALTHCARE SERVICES, INC.</b>			
Principal Place of Business <b>1412 W WATERS SUITE 205 TAMPA, FL 33604</b>		Mailing Address <b>7911 SPRING VALLEY DR TAMPA, FL 33615</b>	
2. Principal Place of Business - No P.O. Box # <b>7902 W. Waters Ave.</b>		3. Mailing Address <b>Same as business</b>	
Suite, Apt. #, etc. <b>Suites G and H</b>		Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State	
Zip <b>33615</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>47-0855271</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>UNDERWOOD, WENDELL M 7911 SPRING VALLEY DR TAMPA, FL 33615</b>		7. Name and Address of New Registered Agent <b>Underwood, Wendell M. 3127 W. El Prado Blvd. Tampa, FL 33629</b>	
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. <b>W. Martin Underwood, Pres.</b> SIGNATURE: <b>W. Martin Underwood, Pres.</b> DATE: <b>4/9/2007</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>	
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	DP Underwood, Wendell M. 3127 W. El Prado Blvd. Tampa, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>W. Martin Underwood, Pres.</b>		Date: <b>4/9/2007</b> Daytime Phone #: <b>813-885-1364</b>	