2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000047998

1. Entity Name
TROPICARE HEALTH SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address
9371 US HWY 19 N SUITE C PINELLAS PARK, FL 33782	9371 US HWY 19 N SUITE C PINELLAS PARK, FL 33782

DO NOT WRITE IN THIS SPACE

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0441892

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COMER, PAULA K
1917 BROOKSTONE WAY
CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

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

U00000501682
04/25/06-80020-015 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000501682
04/25/06-80070-016 8.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BECKER, AMANDA E
STREET ADDRESS	5714 ORANGE ROAD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	V
NAME	COMER, PAULA K
STREET ADDRESS	1917 BROOKSTONE WAY
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	DS
NAME	MASTERSON, VIVIAN B
STREET ADDRESS	1914 BROOKSTONE WAY
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paula Comer - Paula Comer 4/6/06 727-576-2060