## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000068862

Entity Name: VIRTUE HEALTH CARE SERVICES, INC.

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Rusiness			New Principal Place	New Principal Place of Business:	
Current Principal Place of Business:			•	•	
6299 SUNRISE BLVD 218			901 SOUTH STATE F 465	901 SOUTH STATE RD 7	
SUNRISE, FL 33313				HOLLYWOOD, FL 33323	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
7531 FAIRWAY BOULEVARD MIRAMAR, FL 33023					
FEI Number:	01-0727250	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
FENELON, SONY L 7531 FAIRWAY BOULEVARD MIRAMAR, FL 33023 US					
The above in the State		y submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	-	onic Signature of Registered Agen	t	Date	
Election Can	npaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:		( ) Delete	Title:	() Change () Addition	
Name:	FENELON, S	ONY L AY BOULEVARD	Name: Address:		
Address: City-St-Zip:	MIRAMAR, F		City-St-Zip:		
Title:	D	( ) Delete	Title:	( ) Change ( ) Addition	
Name:	FENELON, S		Name:		
Address:		AY BOULEVARD	Address:		
City-St-Zip:	MIRAMAR, F	L 33023	City-St-Zip:		
Title:	coov	( ) Delete	Title:	( ) Change ( ) Addition	
Name:	FENELON, F		Name:		
Address:		AY BOULEVARD	Address:		
City-St-Zip:	MIRAMAR, F	L 33023	City-St-Zip:		
Title:	D i	( ) Delete	Title:	( ) Change ( ) Addition	
Name:	FENELON, F		Name:	.,,	
Address:		AY BOULEVARD	Address:		
City-St-Zip:	MIRAMAR, F	L 33023	City-St-Zip:		
Title:	D	( ) Delete	Title:	( ) Change ( ) Addition	
Name:	MEDACIER,		Name:		
Address:		CREEK DRIVE	Address:		
City-St-Zip:	WESTON, FL	. 33331	City-St-Zip:		
Title:	D	(X) Delete	Title:	( ) Change ( ) Addition	
Name:	ZEPHIRIN, M	• •	Name:		
Address:	19234 NW 12		Address:		
City-St-Zip:	PEMBROKE	PINES, FL 33029	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONY FENELON CEO 04/29/2006