

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117410

FILED
Apr 30, 2006
Secretary of State

Entity Name: CONTEMPORARY HEALTH CARE INC.

Current Principal Place of Business:

1839 NW 38TH AVE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

800 E EVANSTON CIR
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 13-4229802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, MAYSELIN J
800 EAST EVANSTON CIRCLE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FORBES, HORACE S
Address: 800 EAST EVANSTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP () Delete
Name: BELL, MAYSELIN J
Address: 800 EAST EVANSTON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MAYSELIN BELL

VP

04/30/2006

Electronic Signature of Signing Officer or Director

Date