

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128500

Entity Name: MINDBODYSPIRIT CARE, INC.

FILED
Jun 27, 2006
Secretary of State

Current Principal Place of Business:

14372 N DALE MABRY
TAMPA, FL 33618

New Principal Place of Business:

14372 N DALE MABRY
TAMPA, FL 33618 US

Current Mailing Address:

P.O. BOX 270693
TAMPA, FL 33688

New Mailing Address:

P.O. BOX 270693
TAMPA, FL 33688 US

FEI Number: 59-3740909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEMESH, RON M.D.
14372 N DALE MABRY
TAMPA, FL 33618 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHEMESH, RON
Address: 14372 N DALE MABRY
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHEMESH, RON M.D.
Address: 14372 N DALE MABRY
City-St-Zip: TAMPA, FL 33618 US

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: RON SHEMESH, M.D.

D

06/27/2006

Electronic Signature of Signing Officer or Director

Date