

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000135565 1. Entity Name M.H.S. OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 7907 SWEETGUM LOOP ORLANDO, FL 32835	Mailing Address 7907 SWEETGUM LOOP ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CRZE034 (11/05)

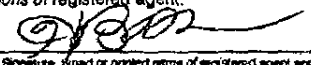
4. FEI Number 52-2389252	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REES, KIRK B
7907 SWEETGUM LOOP
ORLANDO, FL 32835

**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.

SIGNATURE:  4/16/06
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning)

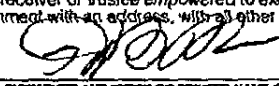
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000521965 05/03/06-80009-029 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO REES, KIRK B 7907 SWEETGUM LOOP ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  4/16/06 407-758-6629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #