-2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the rece if changed, or on an attached

SIGNATURE:

ent with an address, with all other like empowered.

Chairman

Bruce Frieman

2-15-06

813-490-8900

Feb 23, 2006 08:00 AM DOCUMENT # P03000018062 **Secretary of State** 1. Entity Name CITRUS HEALTH CARE, INC. Principal Place of Business Mailing Address 4930 SANDPIPER LANE SAINT PETERSBURG FL 33711 5420 BAY CENTER DR. STE. 250 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 13-4247706 Not Applicable Country Country \$8.75 Additional Zio 13 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIEMAN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 4930 SANDPIPER LANE6 SAINT PETERSBURG FL 33711 City Zip Code 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 Signature, typed ox printed name of registered agen) and bits # applicable (NOTE Registated Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE Change Change MAME NAME FRIEMAN, BRUCE STREET ADDRESS 4930 SANDPIPER LANE STREET ADDRESS CITY-ST-702 CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Addition ☐ Change TITLE ☐ Detete TITLE 11000000443333 MAME MAME CARPENTER, BRUCE 03/Ď6706-60002-008 158.75 STREET ADDRESS STREET ADDRESS 5026 GREYSTONE WAY BIRMINGHAM AL 35242 CITY-ST-ZIP CITY-SY-73P ☐ Addition ☐ Detete 7eTLE ∫ Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP Channe Addition Defete TITLE NAMO NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIF C37Y-S1-20P ☐ Change ☐ Addition Defete TITLE STLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST- ZIF ☐ Change ☐ Addition Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the recipiver of fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED