

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023003

**FILED**  
**Mar 27, 2006**  
**Secretary of State**

**Entity Name:** DAVIN HEALTHCARE GROUP, INC.

**Current Principal Place of Business:**

143 WEKIVA POINTE CIRCLE  
APOPKA, FL 32712

**New Principal Place of Business:**

19638 SPRING OAK CIRCLE  
EUSTIS, FL 32736

**Current Mailing Address:**

P.O. BOX 70  
APOPKA, FL 32704

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VINING, DAVID L  
143 WEKIVA POINTE CIRCLE  
APOPKA, FL 32712    US

**Name and Address of New Registered Agent:**

VINING, DAVID L  
19638 SPRING OAK DRIVE  
EUSTIS, FL, FL 32736    US

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

03/27/2006

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            P            ( ) Delete  
Name:          VINING, DAVID L  
Address:       143 WEKIVA POINTE CIRCLE  
City-St-Zip:   APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:          VINING, DAVID L  
Address:       19638 SPRING OAK DRIVE  
City-St-Zip:   EUSTIS, FL 32736

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: DAVID L. VINING

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

03/27/2006

\_\_\_\_\_  
Date