

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 01, 2006
Secretary of State**

DOCUMENT# P03000047769

Entity Name: RICHARDSON HEALTHCARE GROUP, INC.

Current Principal Place of Business:

163 WOODCREEK DR N
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

163 WOODCREEK DR N
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-0013464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARDSON, SUSAN M
163 WOODCREEK DR N
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

ELIZABETH G. BOURLON, CPA, PA
701 ENTERPRISE RD. E.
SUITE 401
SAFETY HARBOR, FL 34695 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: ELIZABETH G. BOURLON 08/01/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICHARDSON, SUSAN M
Address: 163 WOODCREEK DR N
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: RICHARDSON, FRED A
Address: 163 WOODCREEK DR N
City-St-Zip: SAFETY HARBOR, FL 34695

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: SUSAN RICHARDSON P 08/01/2006
Electronic Signature of Signing Officer or Director Date