

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064875

Entity Name: FLORIDA SPECIALTY CLINIC, INC.

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

908 S. PARSONS AVENUE  
SUITE D  
BRANDON, FL 33511

## New Principal Place of Business:

1082 E. BRANDON BLVD  
BRANDON, FL 33511

## Current Mailing Address:

6338 WEST MACLAURIN DRIVE  
TAMPA, FL 336471163

## New Mailing Address:

PO BOX 3550  
BRANDON, FL 335093550

FEI Number: 20-0065648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWNLEE, HUNTER  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: DHALI WAL, AMARJIT S  
Address: 908 S. PARSONS AVENUE, SUITE D  
City-St-Zip: BRANDON, FL 33511

Title: VP ( ) Delete  
Name: DHALI WAL, PARMINDER  
Address: 908 S. PARSONS AVENUE, SUITE D  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: DHALI WAL, AMARJIT S  
Address: 1082 E. BRANDON BLVD  
City-St-Zip: BRANDON, FL 33511

Title: VP (X) Change ( ) Addition  
Name: DHALI WAL, PARMINDER  
Address: 1082 E. BRANDON BLVD  
City-St-Zip: BRANDON, FL 33511

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: AMARJIT S. DHALI WAL

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date