

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146723

FILED
Apr 20, 2006
Secretary of State

Entity Name: DYNAMIC HEALTH SERVICES, P.A.

Current Principal Place of Business:

1011 S FEDERAL HIGHWAY
SUITE #2
HOLLYWOOD, FL 33020

New Principal Place of Business:

PO BOX 54-5823
SURFSIDE, FL 33154

Current Mailing Address:

1011 S FEDERAL HIGHWAY
SUITE #2
HOLLYWOOD, FL 33020

New Mailing Address:

PO BOX 54-5823
SURFSIDE, FL 33154

FEI Number: 20-0458856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUCKER, DAVID
1011 S FEDERAL HIGHWAY
SUITE #2
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

ZUCKER, DAVID
9409 BAY DR
SURFSIDE, FL 33154 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:

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: ZUCKER, DAVID E DR.
Address: 1011 S FEDERAL HIGHWAY SUITE#2
City-St-Zip: HOLLYWOOD, FL 33020

Title: DR. () Delete
Name: ZUCKER, DAVID E DR.
Address: 1011 SOUTH FEDERAL HIGHWAY SUITE #2
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: ZUCKER, DAVID E DR.
Address: PO BOX 54-5823
City-St-Zip: SURFSIDE, FL 33154

Title: DR. (X) Change () Addition
Name: ZUCKER, DAVID E DR.
Address: PO BOX 54-5823
City-St-Zip: SURFSIDE, FL 33154 US

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 ZUCKER

DR

04/20/2006

Electronic Signature of Signing Officer or Director

Date