2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State
05-04-2006 90252 038 ***150.00

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1. Entity Name
PERMAHEALTH, INC.

Principal Place of Business	Mailing Address
525 PALERMO BLVD PONCIANA, FL 34759 US	525 PALERMO BLVD PONCIANA, FL 34759 US

DO NOT WRITE IN THIS SPACE

04012006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0527740
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, HENRY A
525 PALERMO BLVD
PONCIANA, FL 34759

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERGER, MARGARET R
STREET ADDRESS	525 PALERMO BLVD
CITY-ST-ZIP	PONCIANA, FL 34759
TITLE	VP
NAME	BERGER, HENRY A
STREET ADDRESS	525 PALERMO BLVD
CITY-ST-ZIP	PONCIANA, FL 34759
TITLE	SEC
NAME	BERGER, HENRY A
STREET ADDRESS	525 PALERMO BLVD
CITY-ST-ZIP	PONCIANA, FL 34759
TITLE	TRES
NAME	BERGER, HENRY A
STREET ADDRESS	525 PALERMO BLVD
CITY-ST-ZIP	PONCIANA, FL 34759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Alan Berger H. Alan Berger 6/10/06 8634274691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #