

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000014882 1. Entity Name SPRINGDALE HEALTH CENTERS, INC.	
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Principal Place of Business 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0704421	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fees Required
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8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	DPT MCCARVER, JAMES O 2033 MAIN STREET, SUITE 300 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVS MCCARVER, PAT 2033 MAIN STREET, SUITE 300 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FUHRMEISTER, BRIAN 2033 MAIN STREET, STE 300 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Brian Fuhrmeister VP/VCFO 2/24/06 941 952 9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #