2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
04-11-2006 90116 013 ***150.00

DOCUMENT # P04000036213

1. Entity Name
TWENTY FIRST CENTURY HEALTH SERVICES INC

Principal Place of Business	Mailing Address
5700 ST AUGUSTINE RD JACKSONVILLE, FL 3207 US	5700 ST AUGUSTINE RD JACKSONVILLE, FL 3207 US

04052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9802-12 Baymeadows RD	9802-12-Baymeadows Rd
Suite, Apt. #, etc.: PMB 161	Suite, Apt. #, etc.: PMB 161
City & State: JAX FL	City & State: JAX FL 32.
Zip: 32256 Country: DUVAL	Zip: 32256 Country: DUVAL

4. FEI Number: 20-0772449 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, ROBERTA
5700 ST AUGUSTINE RD
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S WILSON, ROBERTA 5700 ST AUGUSTINE RD JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Roberta Wilson 5-4-06 904-353-3491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #