2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# P04000036888

Entity Name: TURTLE ISLAND MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

398 W. CAMINO GARDENS BLVD.
SUITE 204
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

398 W. CAMINO GARDENS BLVD.
SUITE 204
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 51-0499718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NANCY E. CROWN, P.A.
7301 WEST PALMETTO PARK ROAD
SUITE 101-A
BOCA RATON, FL 33433 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: P,T ( ) Delete
Name: ZUCKERMAN, STEPHEN
Address: 3663 NE 6TH DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: VP,S ( ) Delete
Name: SUK TAE, MYUNG
Address: 3663 NE 6TH DRIVE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STEPHEN ZUCKERMAN P,T 04/05/2006

Electronic Signature of Signing Officer or Director — Date