
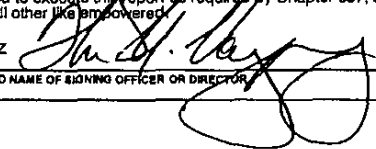


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90188 008 \*\*\*150.00

<b>DOCUMENT # P04000042213</b>					
1. Entity Name <b>PROMISE SPECIALTY HOSPITAL OF SAN ANTONIO, INC.</b>					
Principal Place of Business <b>1001 YAMATO RD STE 300 BOCA RATON, FL 33431</b>			Mailing Address <b>1001 YAMATO RD STE 300 BOCA RATON, FL 33431</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0941290</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VAZQUEZ, WILLIAM M 150 E PALMETTO PARK RD STE 050 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>William M. Vazquez</b> Street Address (P.O. Box Number is Not Acceptable) <b>1001 Yamato Rd., Suite 300</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>		
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 <u>By: William M. Vazquez</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KANTERMAN, LARRY 1001 YAMATO ROAD SUITE #300 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William M. Vazquez 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BARONOFF, PETER 1001 YAMATO ROAD SUITE #300 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOSLOW, HOWARD 1001 YAMATO ROAD SUITE #300 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST LEDOOR, LAWRENCE 1001 YAMATO ROAD SUITE #300 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secty/Treas/D Lawrence Leder 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, MARK 1001 YAMATO ROAD SUITE #300 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>By: William M. Vazquez</u>		 <b>4-25-06</b> <b>561-969-3100</b> <small>Signature and typed or printed name of signing officer or director. Date Daytime Phone #</small>			