2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# P04000127355

Entity Name: MULTICARE SPECIALISTS, P.A.

Current Principal Place of Business:

9371 CYPRESS LAKE DR STE 14
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

P O BOX 338
MATLACHA, FL 339930338

New Mailing Address:

9371 CYPRESS LAKE DR.
STE. 14
FORT MYERS, FL 33919

FEI Number: 20-1602582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, PAUL J D.O.
9371 CYPRESS LAKE DR STE 14
FT MYERS, FL 33919 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: O ( ) Delete
Name: ARNOLD, PAUL J
Address: 9371 CYPRESS LAKE DR STE 14
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DR. PAUL ARNOLD DR. 01/10/2006
Electronic Signature of Signing Officer or Director — Date