

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90382 015 ***150.00

DOCUMENT # P04000141725

1. Entity Name
SECURA HEALTH, INC.



Principal Place of Business
**1001 W. CYPRESS CREEK RD. SUITE #405
FT. LAUDERDALE, FL 33309**

Mailing Address
**1001 W. CYPRESS CREEK RD. SUITE #405
FT. LAUDERDALE, FL 33309**

50016162

2. Principal Place of Business
4187 ARTESA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
4187 ARTESA DRIVE
Suite, Apt. #, etc.



04062006 Chg-P CR2E034 (11/05)

City & State
BOYNTON BEACH, FL
Zip
33436 Country
USA

City & State
BOYNTON BEACH, FL
Zip
33436 Country
USA

4. FEI Number
20-1743113 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHECTER, HOWARD
2151 W. HILLSBORO BLVD. #102
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name **HOWARD SHECTER**
Street Address (P.O. Box Number is Not Acceptable)
4187 ARTESA DRIVE
City **BOYNTON BEACH** FL Zip Code **33436**

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 **Howard Shecter** **HOWARD SHECTER** **4/20/06**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHECTER, HOWARD S 2151 W. HILLSBORO BLVD DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4187 ARTESA DRIVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Howard Shecter** **HOWARD SHECTER, Pres.** **4/20/06** **561-703-6216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #