

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153652

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: EVOICE INTERNATIONAL INC

## Current Principal Place of Business:

17901 5TH STREET NORTHWEST  
SUITE 103  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

17900 NW 5TH STREET  
SUITE 201-7  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

17901 5TH STREET NORTHWEST  
SUITE 103  
PEMBROKE PINES, FL 33029

## New Mailing Address:

17900 NW 5TH STREET  
SUITE 201-7  
PEMBROKE PINES, FL 33029

FEI Number: 20-1869955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARE, JONATHAN S  
17901 NW 5TH STREET  
SUITE 103  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

WARE, JONATHAN S  
17900 NW 5TH STREET  
SUITE 201-7  
PEMBROKE PINES, FL 33029 US

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:

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WARE, JONATHAN S MD  
Address: 17901 5TH STREET NORTHWEST STE 103  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV ( ) Delete  
Name: HIDALGO, AUSBERTO B MD  
Address: 17901 5TH STREET NORTHWEST STE 103  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WARE, JONATHAN S MD  
Address: 17900 NW 5TH STREET, SUITE 201-7  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV (X) Change ( ) Addition  
Name: HIDALGO, AUSBERTO B MD  
Address: 17900 NW 5TH STREET, SUITE 201-7  
City-St-Zip: PEMBROKE PINES, FL 33029

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: JONATHAN S. WARE, MD

DP

01/08/2007

Electronic Signature of Signing Officer or Director

Date