

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015392

FILED
Feb 15, 2006
Secretary of State

Entity Name: SOUTHERN HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

1678 VICTORIA POINTE CIRCLE
WESTON, FL 33327

New Principal Place of Business:

6736 N UNIVERSITY DR.
TAMARAC, FL 33321

Current Mailing Address:

1678 VICTORIA POINTE CIRCLE
WESTON, FL 33327

New Mailing Address:

PO BOX 267751
WESTON, FL 33326

FEI Number: 20-2413668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, WILLIAM C
1678 VICTORIA POINTE CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

REYNOLDS, WILLIAM C
PO BOX 267751
WESTON, FL 33326 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: WILLIAM C REYNOLDS

02/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: REYNOLDS, WILLIAM C
Address: 1678 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: VP () Delete
Name: REYNOLDS, WILLIAM C
Address: 1678 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: SEC () Delete
Name: REYNOLDS, WILLIAM C
Address: 1678 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: TREA () Delete
Name: REYNOLDS, WILLIAM C
Address: 1678 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: REYNOLDS, WILLIAM C
Address: PO BOX 267751
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change () Addition
Name: REYNOLDS, WILLIAM C
Address: PO BOX 267751
City-St-Zip: WESTON, FL 33326

Title: SEC (X) Change () Addition
Name: REYNOLDS, WILLIAM C
Address: PO BOX 267751
City-St-Zip: WESTON, FL 33326

Title: TREA (X) Change () Addition
Name: REYNOLDS, WILLIAM C
Address: PO BOX 267751
City-St-Zip: WESTON, FL 33326

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: WILLIAM C REYNOLDS

PRES

02/15/2006

Electronic Signature of Signing Officer or Director

Date