

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027975

Entity Name: FLA HEALTHSERVICES, INC.

FILED  
Feb 08, 2006  
Secretary of State

## Current Principal Place of Business:

5843 COLFAX AVENUE  
ALEXANDRIA, VA 22311

## New Principal Place of Business:

## Current Mailing Address:

5843 COLFAX AVENUE  
ALEXANDRIA, VA 22311

## New Mailing Address:

FEI Number: 65-1247328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORE, AMY  
1113 NW 23RD AVE  
C/O CHIEFLAND MEDICAL CENTER, LLC  
CHIEFLAND, FL 32626 US

## Name and Address of New Registered Agent:

MINTON, MARIE S  
1113 NW 23RD AVE  
C/O CHIEFLAND MEDICAL CENTER, LLC  
CHIEFLAND, FL 32626 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: MARIE S. MINTON

02/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MINTON, MARIE  
Address: 5843 COLFAX AVENUE  
City-St-Zip: ALEXANDRIA, VA 22311

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: WASHBURN, GREGORY  
Address: 2909 N. 9TH STREET  
City-St-Zip: ARLINGTON, VA 22201

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: MARIE S. MINTON

P

02/08/2006

Electronic Signature of Signing Officer or Director

Date