2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90020 043 ***150.00

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1. Entity Name
INFINITY HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
1405 POINSETTIA DRIVE 9 DELRAY BEACH, FL 33444 US	1405 POINSETTIA DRIVE 9 DELRAY BEACH, FL 33444 US

02202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
755 NW 17 AVENUE	755 NW 17 AVENUE
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: 105
City & State: DELRAY BEACH, FL	City & State: DELRAY BEACH, FL
Zip: 33445 Country: U.S.	Zip: 33445 Country: U.S.

4. FEI Number 20-2459537 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEDELE, JONATHAN J
1405 POINSETTIA DRIVE
9
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name: FEDELE, JONATHAN

Street Address (P.O. Box Number is Not Acceptable): 755 NW 17th AVENUE #105

City: DELRAY BEACH FL Zip Code: 33445

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: /s/ [illegible] DATE: 2/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LICA, STEVEN F 1405 POINSETTIA DRIVE DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUNDI, RANDY 4315 CASA BELLA DRIVE PERRY, OH 44081	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MIKO, KYLE W 1405 POINSETTIA DRIVE DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC FEDELE, JONATHAN J 1405 POINSETTIA DRIVE DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: /s/ [illegible] SECRETARY 2/20/06 (954) 907-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #