
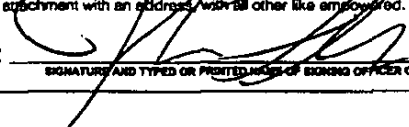


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90200 006 \*\*\*150.00

<b>DOCUMENT # P05000041226</b>			
1. Entity Name <b>MASTER'S MEDICAL CENTER, INC.</b>			
Principal Place of Business <b>1320 N. SEMORAN BOULEVARD SUITE 107 ORLANDO, FL 32807</b>		Mailing Address <b>1320 N. SEMORAN BOULEVARD SUITE 107 ORLANDO, FL 32807</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>52-2455816</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCBRIDE, WILLIAM R ESQ. MCBRIDE, ULLO &amp; LORENZ, P.A. 135 W. CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D FOMVILLE, JOHN 1417 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President John Fomville 1407 Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOMVILLE, KATHRYN 1417 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Kathryn Fomville 1407 Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 employees.			
SIGNATURE: 		3-15-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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