## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000047477

Entity Name: INTENSIVE CARE SPECIALISTS OF WELLINGTON, P.A.

FILED Jul 06, 2006 Secretary of State

| Littly Name. INTENSIVE CARE SPECIALISTS OF WELLINGTON, F.A.                     |   |   |  |  |
|---|---|---|--|--|
| Current Principal Place of Business:  |   | New Principal Place o                       | New Principal Place of Business:             |  |
| SUITE 235   | THERN BLVD.   |   |  |  |
| LOXAHATCHEE, FL 33470  Current Mailing Address:                                 |   | New Mailing Address                         |  |  |
| 13005 SOUTHERN BLVD.<br>SUITE 235<br>LOXAHATCHEE, FL 33470                      |   | New Mailing Address                         | •  |  |
| FEI Number:   | FEI Number Applied For (X)  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:                                   |   | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| KLEIN, STUART B<br>1551 FORUM PLACE SUITE 400-B<br>WEST PALM BEACH, FL 33401 US |   | SUITE 235                                   | 13005 SOUTHERN BLVD                          |  |
| The above in the State  | named entity submits this statement for the p<br>of Florida.  | ourpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATURE: NEAL WARSHOFF  |   |   | 07/06/2006                                   |  |
|   | Electronic Signature of Registered Age  | ent   | Date   |  |
|   | e with s. 607.193(2)(b), F.S., the corporation did no<br>paign Financing Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:   |   | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                     | D () Delete<br>WARSHOFF, NEAL R<br>13005 SOUTHERN BLVD. SUITE 235<br>LOXAHATCHEE, FL 33470            | Title:<br>Name:<br>Address:<br>City-St-Zip: | )Change ()Addition                           |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                     | D ( ) Delete<br>GOLDSTEIN, NIR M<br>13005 SOUTHERN BLVD. SUITE 235<br>LOXAHATCHEE, FL 33470           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                          |  |

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: NIR GOLDSTEIN D 07/06/2006