## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State

DOCUN 1. Entity Name PATIENTI	e	#P05000051		05-02-2006 90167 034 ***150.00						
Principal Place of Business 5030 CHAMPION BOULEVARD SUITE G6-150 BOCA RATON, FL 33496			Mailing Address 5030 CHAMPION BOULEVARD SUITE G6-150 BOCA RATON, FL 33496		. :	 	i 1916 Billi Beli 1916 Oct			
2. Principal Pl	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112006 Chg-P CR2E034 (11/05)				
City & State			City & State			4. FEI Numb	er		<del></del>	plied For t Applicable
Zip			Zip Countr		ntry	5. Certificate	e of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					Street Address (P.O. Box Number is Not Acceptable)					
4TH FLOO MIAMI, FL										
i win sivil, i E	7				City	<del></del>		FL	Zip Code	3
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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	ICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5030 CH	MICHAEL AMPION BOULEVARD, ATON, FL 33496	Delete SUITE G6-150		l l				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5030 CH	, ROBBIN AMPION BOULEVARD, ATON, FL 33496	Delete SUITE G6-150	E ME EET ADDRESS (+ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	STEVE AMPION BOULEVARD, ATON, FL 33496	.e Ae Eet address (-st-zip				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		<b>I</b>				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						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.										