


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
08-03-2006 90001 011 \*\*\*150.00  
FILED P05000071454

06 AUG 14 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA *PSC*

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # P05000071454</b>   |   |   |   |
| 1. Entity Name<br><b>BROWN HEALTHCARE SERVICES, INC.</b>   |   |  |   |
| Principal Place of Business<br><b>17414 NW 48 PLACE<br/>CAROL CITY, FL 33055</b>   |   | Mailing Address<br><b>17414 NW 48 PLACE<br/>CAROL CITY, FL 33055</b>   |   |
| 2. Principal Place of Business<br><b>17414 NW 48 place</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>17414 NW 48 place</b><br>Suite, Apt. #, etc.  |   |
| City & State<br><b>Carol City FL</b>   |   | City & State<br><b>Carol City FL</b>   |   |
| Zip<br><b>33055</b> Country<br><b>U.S.A.</b>   |   | Zip<br><b>33055</b> Country<br><b>U.S.A.</b>   |   |
| 4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   | FEE Number<br><b>20-289-4114</b> Applied For<br><input checked="" type="checkbox"/> Not Applicable   |   |
| 8. Name and Address of Current Registered Agent<br><b>BROWN, DRUCILLA<br/>17414 NW 48 PLACE<br/>CAROL CITY, FL 33055</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code  |   |
| 6. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>BROWN, DRUCILLA<br/>17414 NW 48 PLACE<br/>CAROL CITY, FL 33055</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b><del>Brown Healthcare Ser.</del><br/><del>17414 NW 48 place</del><br/><del>Carol City, FL 33055</del></b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 empowered. |   |  |   |
| SIGNATURE: <b>Drucilla Brown</b>   |   | Date: <b>8-1-06</b> Daytime Phone #: <b>305-627-0071</b>   |   |

*Document corrected per Drucilla Brown. PSC*