

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081644

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: PRN HEALTHCARE ASSOCIATES, INC.

## Current Principal Place of Business:

2150 TAMIAMI TRL UNIT 189  
PORT CHARLOTTE, FL 33948

## New Principal Place of Business:

## Current Mailing Address:

2150 TAMIAMI TRL UNIT 189  
PORT CHARLOTTE, FL 33948

## New Mailing Address:

FEI Number: 20-3076919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLIS, ARMANDO  
2150 TAMIAMI TRL UNIT 189  
PORT CHARLOTTE, FL 33948 US

## Name and Address of New Registered Agent:

KISMARTON, SUSAN  
2150 TAMIAMI TRL UNIT 189  
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: SUSAN KISMARTON

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ELLIS, ARMANDO  
Address: 2150 TAMIAMI TRL UNIT 189  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DV (X) Delete  
Name: KISMARTON, SUSAN  
Address: 2150 TAMIAMI TRL UNIT 189  
City-St-Zip: PORT CHARLOTTE, FL 33948

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: KISMARTON, SUSAN  
Address: 2150 TAMIAMI TRL UNIT 189  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN KISMARTON

DP

04/27/2006

Electronic Signature of Signing Officer or Director

Date