2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# P05000086530

Entity Name: COMPUTER COMMUNITY HOSPITAL INC

Current Principal Place of Business:

9371 VEDRA POINTE LANE
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

9371 VEDRA POINTE LANE
C/O YVONNE GRADER
BOCA RATON, FL 33496 US

New Mailing Address:

9371 VEDRA POINTE LANE
C/O YVONNE GRABER
BOCA RATON, FL 33496 US

FEI Number: 04-3819704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRADER, YVONNE
9371 VEDRA POINTE LANE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

GRABER, YVONNE
9371 VEDRA POINTE LANE
BOCA RATON, FL 33496 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: YVONNE GRABER 03/14/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: GRADER, YVONNE
Address: 9371 VEDRA POINTE LANE
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: GRABER, YVONNE
Address: 9371 VEDRA POINTE LANE
City-St-Zip: BOCA RATON, FL 33496 US

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: YVONNE GRABER DPT 03/14/2006
Electronic Signature of Signing Officer or Director Date