

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100115

FILED
Mar 01, 2006
Secretary of State

Entity Name: CENTER FOR PREVENTIVE CARE SERVICES, INC.

Current Principal Place of Business:

2614 NW 99 AVENUE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2614 NW 99 AVENUE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-3251573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARRE, MAX-OLIVIER
2614 NW 99 AVENUE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PIERRE-ANTOINE, CAROLE
Address: 2614 NW 99 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: CARRE, MAX OLIVIER
Address: 2614 NW 99 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DIR () Delete
Name: TAN, BENJAMIN A
Address: 2614 NW 99 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DIR () Delete
Name: MCDONNOUGH, KAREN
Address: 2614 NW 99 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CAROLE PIERRE-ANTOINE

P

03/01/2006

Electronic Signature of Signing Officer or Director

Date