2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State 05-02-2006 90224 029 ***150.00 DOCUMENT # P05000102617 VISITING INHOME PHYSICIANS, INC. 60033496 · Mailing Address Principal Place of Business 5913 S. CONGRESS AVENUE 5913 S. CONGRESS AVENUE ATLANTIS, FL 33462 ATLANTIS, FL 33462 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 20-3202183 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREYDINGER, DAVID Street Address (P.O. Box Number is Not Acceptable) 5913 S. CONGRESS AVENUE ATLANTIS, FL 33462 Zip Code City FL 8. 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 utile if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES Addition ☐ Delete Change TITLE TITLE GREYDINGER, DAVID NAME STREET ADORESS 5913 S. CONGRESS AVENUE STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIF CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

☐ Delete

CHTY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

FILED

☐ Change

■ Addition