

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90188 050 \*\*\*150.00

<b>DOCUMENT # P05000107357</b>			
<b>1. Entity Name</b> PROMISE HEALTHCARE OF FLORIDA XI, INC.			
<b>Principal Place of Business</b> 150 E PALMETTO PARK RD SUITE 650 BOCA RATON FL 33432		<b>Mailing Address</b> 150 E PALMETTO PARK RD SUITE 650 BOCA RATON FL 33432	
<b>2. Principal Place of Business</b> 1001 Yamato Road Suite, Apt. #, etc. Suite 300		<b>3. Mailing Address</b> 1001 Yamato Road Suite, Apt. #, etc. Suite 300	
<b>City &amp; State</b> Boca Raton, FL		<b>City &amp; State</b> Boca Raton, FL	
<b>Zip</b> 33431	<b>Country</b> USA	<b>Zip</b> 33431	<b>Country</b> USA
<b>4. FEI Number</b> 20-3392582		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VAZQUEZ, WILLIAM M 150 E PALMETTO PARK RD SUITE 650 BOCA RATON FL 33432		<b>7. Name and Address of New Registered Agent</b> Name: William M. Vazquez Street Address (P.O. Box Number is Not Acceptable): 1001 Yamato Road, Suite 300 City: Boca Raton <b>FL</b> Zip Code: 33431	
<b>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.</b>			
<b>SIGNATURE</b> By: William M. Vazquez <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!! FEE IS \$150.00</b> After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> D	<b>NAME</b> VAZQUEZ, WILLIAM M	<input type="checkbox"/> Delete	<b>TITLE</b> D
<b>STREET ADDRESS</b> 150 E PALMETTO PARK RD SUITE 650	<b>CITY-ST-ZIP</b> BOCA RATON FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> William M. Vazquez
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<b>STREET ADDRESS</b> 1001 Yamato Rd., Suite 300	<b>CITY-ST-ZIP</b> Boca Raton, FL 33431
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> P/D
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Howard Koslow
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<b>STREET ADDRESS</b> 1001 Yamato Rd., Suite 300	<b>CITY-ST-ZIP</b> Boca Raton, FL 33431
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> CEO/D
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Peter Baronoff
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<b>STREET ADDRESS</b> 1001 Yamato Rd., Suite 300	<b>CITY-ST-ZIP</b> Boca Raton, FL 33431
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> Secty/Treas/D
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Lawrence Leder
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<b>STREET ADDRESS</b> 1001 Yamato Rd., Suite 300	<b>CITY-ST-ZIP</b> Boca Raton, FL 33431
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> CMO/D
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Mark Dawson, M.D.
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<b>STREET ADDRESS</b> 1001 Yamato Rd., Suite 300	<b>CITY-ST-ZIP</b> Boca Raton, FL 33431
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> D
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Larry Kanterman
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	<b>STREET ADDRESS</b> 1001 Yamato Rd., Suite 300	<b>CITY-ST-ZIP</b> Boca Raton, FL 33431
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>			
<b>SIGNATURE:</b> By: William M. Vazquez		4-25-06 561-869-3100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	