


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-27-2006 90188 003 \*\*\*150.00

<b>DOCUMENT # P05000107360</b>	
1. Entity Name <b>PROMISE HEALTHCARE OF FLORIDA X, 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>
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Boca R: **40066524**



2. Principal Place of Business <b>1001 Yamato Road</b>	3. Mailing Address <b>1001 Yamato Road</b>
Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc. <b>Suite 300</b>

1st MOORE CR2E034 (10/05)

City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33431</b>	Zip <b>33431</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-3392472</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VAZQUEZ, WILLIAM M 150 E PALMETTO PARK RD SUITE 650 BOCA RATON FL 33432</b>
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7. Name and Address of New Registered Agent Name <b>William M. Vazquez</b> Street Address (P.O. Box Number is Not Acceptable) <b>1001 Yamato Road, Suite 300</b> City <b>Boca Raton</b> FL Zip Code <b>33431</b>
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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 By: **William M. Vazquez**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAZQUEZ, WILLIAM M 150 E PALMETTO PARK RD SUITE 650 BOCA RATON FL 33432</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D William M. Vazquez 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Howard Koslow 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/D Peter Baronoff 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secty/Treas/D Lawrence Leder 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mark Dawson 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Larry Kanterman 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

**SIGNATURE:** By: **William M. Vazquez**  **4-25-06** **561-869-3000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #