
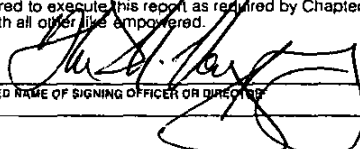


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-27-2006 90188 043 ***150.00

DOCUMENT # P05000107369					
1. Entity Name PROMISE HEALTHCARE OF FLORIDA VII, INC.					
Principal Place of Business 150 E PALMETTO PARK RD SUITE 650 BOCA RATON FL 33432			Mailing Address 150 E PALMETTO PARK RD SUITE 650 BOCA RATON FL 33432		
2. Principal Place of Business 1001 Yamato Road			3. Mailing Address 1001 Yamato Road		
Suite, Apt. #, etc. Suite 300			Suite, Apt. #, etc. Suite 300		
City & State Boca Raton, FL			City & State Boca Raton, FL		
Zip 33431	Country USA	Zip 33431	Country USA	4. FEI Number 20-4751289	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VAZQUEZ, WILLIAM M 150 E PALMETTO PARK RD SUITE 650 BOCA RATON FL 33432				7. Name and Address of New Registered Agent Name William M. Vazquez Street Address (P.O. Box Number is Not Acceptable) 1001 Yamato Rd., Suite 300 City Boca Raton FL 33431	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, WILLIAM M 150 E PALMETTO PARK RD SUITE 650 BOCA RATON FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William M. Vazquez 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Howard Koslow 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Peter Baronoff 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secty/Treas/D Lawrence Leder 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Dawson 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Kanterman 1001 Yamato Rd., Suite 300 Boca Raton, FL 33431 <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 live empowered.					
SIGNATURE: By: William M. Vazquez  4-25-06 561-869-3100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

40066532
#P05000107369

Main 561.869.3100
Fax 561.869.3101
Toll Free 1.800.485.0885
1001 Yamato Road
Suite 300
Boca Raton, FL 33431
www.promisehealthcare.com

April 25, 2006

VIA FEDERAL EXPRESS

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: 2006 Annual Reports

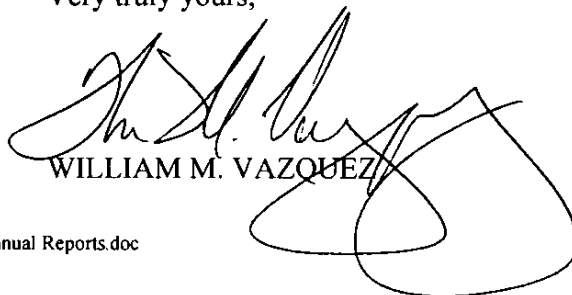
To whom it may concern:

Enclosed are the 2006 Annual Reports for the following Corporations and LL Companies:

1. Promise Healthcare of Florida VII, Inc.;
2. Promise Healthcare of Florida VI, Inc.;
3. Bossier Land Acquisition Corp.;
4. Baton Rouge Land Acquisition Corp., Inc.;
5. Sun Capital Funding, LLC;
6. Sun Capital Funding II, LLC;
7. Promise Healthcare, Inc.;
8. AHC, Inc.;
9. Promise Healthcare Management, Inc.;
10. Promise Healthcare of Florida XI, Inc.;
11. Promise Healthcare of Florida X, Inc.;
12. Promise Healthcare of Florida IX, Inc.;
13. PH Equipment Leasing, Inc.;
14. Promise Healthcare of Florida III, Inc.;
15. Promise Specialty Hospital of Phoenix, Inc.; and
16. Promise Specialty Hospital of San Antonio, Inc.;

Please stamp the extra copy of each report included, and return it to our office in the enclosed postage-paid envelope.

Very truly yours,


WILLIAM M. VAZQUEZ