


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90079 028 \*\*\*150.00

<b>DOCUMENT # P05000107369</b>					
1. Entity Name <b>PROMISE HEALTHCARE OF FLORIDA VII, INC.</b>					
Principal Place of Business <b>1001 YAMATO ROAD SUITE 300 BOCA RATON FL 33431</b>			Mailing Address <b>1001 YAMATO ROAD SUITE 300 BOCA RATON FL 33431</b>		
2. Principal Place of Business - No P.O. Box # <b>999 Yamato Road</b>			3. Mailing Address <b>999 Yamato Road</b>		
Suite, Apt. #, etc. <b>Third Floor</b>			Suite, Apt. #, etc. <b>Third Floor</b>		
City & State <b>Boca Raton, FL</b>			City & 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>20-4751289</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>VAZQUEZ, WILLIAM M 1001 YAMATO RD SUITE 300 BOCA RATON FL 33431</b>			7. Name and Address of New Registered Agent Name <b>William M. Vazquez</b> Street Address (P.O. Box Number is Not Acceptable) <b>999 Yamato Road, Third Floor</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>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.  SIGNATURE <b>William M. Vazquez</b> <i>[Signature]</i> <b>4-19-07</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAZQUEZ, WILLIAM M 1001 YAMATO RD., SUITE 300 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Vazquez, William 999 Yamato Road, Third Floor Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOSLOW, HOWARD 1001 YAMATO RD., SUITE 300 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Koslow, Howard 999 Yamato Road, Third Floor Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO/D BARONOFF, PETER 1001 YAMATO RD., SUITE 300 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO/D Baronoff, Peter 999 Yamato Road, Third Floor Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LEDER, LAWRENCE 1001 YAMATO RD., SUITE 300 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S/D Leder, Lawrence 999 Yamato Road, Third Floor Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAWSON, MARK 1001 YAMATO RD., SUITE 300 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dawson, Mark 999 Yamato Road, Third Floor Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KANTEMAN, LARRY 1001 YAMATO RD., SUITE 300 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kanterman, Lawrence 999 Yamato Road, Third Floor Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input 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: <b>William M. Vazquez</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4-19-07</b> <b>561-869-3100</b> Date Daytime Phone #		