

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107379

FILED
May 12, 2006
Secretary of State

Entity Name: ASSOCIATED HEALTHCARE SERVICE GROUP, INC.

Current Principal Place of Business:

231 MORGAN CT
PALM HARBOR, FL 34684

New Principal Place of Business:

334 EAST LAKE ROAD
NO. 165
PALM HARBOR, FL 34685

Current Mailing Address:

231 MORGAN CT
PALM HARBOR, FL 34684

New Mailing Address:

334 EAST LAKE ROAD
NO. 165
PALM HARBOR, FL 34685

FEI Number: 20-3244738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KEMOKAI, FESTINA
Address: 231 MORGAN CT
City-St-Zip: PALM HARBOR, FL 34684

Title: VTD () Delete
Name: ROSS, SYLVIA
Address: 231 MORGAN CT
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: KEMOKAI, FESTINA
Address: 334 EAST LAKE ROAD; NO. 165
City-St-Zip: PALM HARBOR, FL 34685

Title: VTD (X) Change () Addition
Name: LEWIS, JOYCE
Address: 334 EAST LAKE ROAD; NO. 165
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FESTINA KEMOKAI

PSD

05/12/2006

Electronic Signature of Signing Officer or Director

Date