



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90022 036 ***150.00

DOCUMENT # P05000137380 1. Entity Name U.S. HEALTHCARE GROUP, INC.					
Principal Place of Business 2555 N. COURTENAY PKWY SUITE 30 MERRITT ISLAND, FL 32953			Mailing Address 2555 N. COURTENAY PKWY SUITE 30 MERRITT ISLAND, FL 32953		
2. Principal Place of Business <i>3401 N. Courtenay Pkwy</i> Suite, Apt. #, etc. <i>Suite 4A</i> City & State <i>Merritt Island, FL</i> Zip <i>32953</i>		3. Mailing Address <i>3401 N. Courtenay Pkwy</i> Suite, Apt. #, etc. <i>Suite 4A</i> City & State <i>Merritt Island, FL</i> Zip <i>32953</i>			
03022006 Chg-P CR2E034 (11/05)		4. FEI Number <i>20-3601372</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOTTOMLEY, GLEN 2555 N. COURTENAY PKWY SUITE 30 MERRITT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name <i>Bottomley, Glen</i> Street Address (P.O. Box Number is Not Acceptable) <i>3401 N. Courtenay Parkway</i> <i>Suite 4A</i> City <i>Merritt Island</i> FL Zip Code <i>32953</i>		
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 <i>Glen Bottomley, P</i> <i>[Signature]</i> 3-9-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOTTOMLEY, GLEN 2555 N. COURTENAY PKWY MERRITT ISLAND, FL 32953		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input 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 Chapter 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: <i>Glen Bottomley P</i> <i>[Signature]</i> 3-9-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					