

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90094 019 ***150.00

DOCUMENT # P05000167000			
1. Entity Name ANTARES HEALTH CARE, INC.			
Principal Place of Business 2912 COASTAL HIGHWAY, A-1A NORTH SAINT AUGUSTINE, FL 32084		Mailing Address 2912 COASTAL HIGHWAY, A-1A NORTH SAINT AUGUSTINE, FL 32084	
2. Principal Place of Business		3. Mailing Address P.O. Box 332	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. AUGUSTINE, FL.	
Zip	Country	Zip 32085	Country ST. JOHNS
4. FEI Number 86-1162561		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAUFMAN, THOMAS W 505 EAST JACKSON STREET SUITE 302 TAMPA, FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P WILSON, JAMES ROBERT III 2912 COASTAL HIGHWAY, A-1A NORTH SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, JAMES ROBERT JR. 2912 COASTAL HIGHWAY, A-1A NORTH SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, KATHLEEN C 2912 COASTAL HIGHWAY, A-1A NORTH SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>James R. Wilson III</u>		<u>JAMES R. WILSON III</u> 4/8/06 (352) 284-2040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>	

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