

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90272 011 \*\*\*150.00

|  |  |   |  |                                    |  |
|--|--|---|--|------------------------------------|--|
| <b>DOCUMENT # P93000004458</b>   |  |   |  |                                    |  |
| <b>1. Entity Name</b><br>BDK HEALTH INVESTORS, INC.  |  |   |  |                                    |  |
| <b>Principal Place of Business</b><br>6635 W. COMMERCIAL BLVD<br>SUITE 217<br>TAMARAC, FL 33319 US   |  |   | <b>Mailing Address</b><br>6635 W. COMMERCIAL BLVD<br>SUITE 217<br>FORT LAUDERDALE, FL 33319 US   |                                    |  |
| <b>2. Principal Place of Business</b><br>1801 Lee Rd.<br>Suite, Apt. #, etc.<br>Suite 245  |  | <b>3. Mailing Address</b><br>1801 Lee Rd<br>Suite, Apt. #, etc.<br>Suite 245  |  |                                    |  |
| City & State<br>Winter Park FL   |  | City & State<br>Winter Park FL  |  | <b>4. FEI Number</b><br>65-0385551 |  |
| Zip<br>32789   |  | Country<br>USA  |  | 04252005 Chg-P CR2E034 (10/03)     |  |
| Applied For<br><input type="checkbox"/> Not Applicable   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |                                    |  |
| <b>6. Name and Address of Current Registered Agent</b><br>GIGNAC, DOUGLAS<br>6635 W COMMERCIAL BLVD<br>STE 217<br>TAMARAC, FL 33319  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: Dennis Lopez<br>Street Address (P.O. Box Number is Not Acceptable):<br>1801 Lee Rd Suite 245<br>City: Winter Park FL Zip Code: 32789 |                                    |  |
| <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.</b><br>SIGNATURE:<br><small>Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | DATE                               |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PVSD<br>DANLER, WILLIAM<br>6635 W COMMERCIAL BLVD STE 217<br>TAMARAC, FL 33319 | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DANLER, KATHLEEN<br>6635 W COMMERCIAL BLVD STE 217<br>TAMARAC, FL 33319   | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LOPEZ, DENNIS<br>6635 W COMMERCIAL BLVD STE 217<br>TAMARAC, FL 33319      | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |                                    |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |  |   |  |                                    |  |
| <b>SIGNATURE:</b>  |  | 4-26-05 407 644 3513  |  |                                    |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date Daytime Phone #  |  |                                    |  |