

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068770

FILED
Apr 30, 2007
Secretary of State

Entity Name: ASMED HEALTH PARTNERSHIP, INC.

Current Principal Place of Business:

3230 W. COMMERCIAL BLVD
350
FT. LAUDERDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8804
CORAL SPRINGS, FL 33075 US

New Mailing Address:

FEI Number: 65-0456637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENTIN, RICHARD
110 SE 6 STREET
1970
FT. LAUDERDALE, FL 33301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: SHAPIRO, HENRY
Address: 4301 N.E.23 TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: ST (X) Delete
Name: SHAPIRO, MERRYL J
Address: 4301 N.E.23 TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SHAPIRO, MERRYL J
Address: 4301 N.E.23 TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MERRYL J. SHAPIRO

D/P

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date