

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000057655

FILED
Apr 05, 2006
Secretary of State

Entity Name: COLONIAL HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

2101 W. ATLANTIC BLVD
STE 110
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

2101 W. ATLANTIC BLVD
STE 110
POMPANO BEACH, FL 33069 US

New Mailing Address:

2301 NW 33RD COURT
STE 111
POMPANO BEACH, FL 33069 US

FEI Number: 65-0597516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMERANZ, MARK ESQ
12955 BISCAYNE BLVD
SUITE 202
NORTH MIAMI, FL 33181 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: PD () Delete
Name: LEVY, YUVAL
Address: 2101 W. ATLANTIC BLVD SUIT 110
City-St-Zip: POMPANO, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: YUVAL LEVY

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date