2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090009

FILED
Apr 24, 2006
Secretary of State

Entity Name: HEALTH DIMENSIONS OF FLORIDA, INC.

Current Principal Place of Business:

4320 SHERIDAN ST.
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

4320 SHERIDAN ST.
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0636621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION, FL 33324 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 ( ) Delete
Name:	LONGONE-MESSER, ALBERTA
Address:	3548 SW 24TH LANE
City-St-Zip:	DELRAY BEACH, FL 33445

Title:	D ( ) Delete
Name:	POIRIER, PATRICIA RN
Address:	11044 NW 21 PLACE
City-St-Zip:	CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PATRICIA POIRIER CFO 04/24/2006

Electronic Signature of Signing Officer or Director Date