

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90083 007 ***150.00

40099621



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0727940	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOODY, RONALD W M.D.
1701 GULFSTREAM AVENUE, #729
FT. PIERCE, FL 34949

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WOODY, RONALD H. M.D. 1701 GULFSTREAM AVENUE, #729 FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPP HILL, JOHN 4400 COUNTRY CLUB DRIVE DICKINSON, TX 77539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTER, DAVID J MD 4811 S.W. THISTLE TERR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRIMSLEY, ALAN S MD 408 SW MAGNOLIA COVE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/06 (281) 337-3423