# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2006**
**Secretary of State**

DOCUMENT# P98000002215

**Entity Name:** SEABORN HEALTH CARE, INC.

**Current Principal Place of Business:**

7099 GREENBRIER DR
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 41158
ST. PETERSBURG, FL 33743

**New Mailing Address:**

**FEI Number: 59-3499758** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMADIO, JACQUELINE
7099 GREENBRIER DR
SEMINOLE, FL 33542 US

**Name and Address of New Registered Agent:**

AMADIO, JACQUELINE
7099 GREENBRIER DR
SEMINOLE, FL 33777 US

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: 01/17/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: AMADIO, JACQUELINE C
Address: 7099 GREENBRIER DR
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete
Name: MARTINEZ, VIRGINIA A
Address: 7099 GREENBRIER DR
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete
Name: AMADIO, CAROLINE L
Address: 7099 GRENNBRIER DRIVE
City-St-Zip: SEMINOLE, FL 33777

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: AMADIO, JACQUELINE C
Address: 7099 GREENBRIER DR
City-St-Zip: SEMINOLE, FL 33777

Title: D (X) Change ( ) Addition
Name: MARTINEZ, VIRGINIA A
Address: 7099 GREENBRIER DR
City-St-Zip: SEMINOLE, FL 33777

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: CAROLINE AMADIO D 01/17/2006
Electronic Signature of Signing Officer or Director — Date