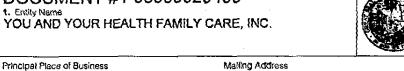
2006 FOR PROFIT CORPORATION

ANNUAL REPORT ECCUMENT # P98000029490 YOU AND YOUR HEALTH FAMILY CARE, INC.

FILED Apr 12, 2006 08:00 AM Secretary of State



30 WEST WILT AVE

EUSTIS, FL 32726



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (11/05) 04072008 No Chg-P

4. FEI Number 59-3502205

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CLEMENT, G E 308 EAST FIFTH AVENUE

30 WEST WILT AVE

EUSTIS, FL 32726

DO NOT WRITE

MOUNT BORA, FL 32/5/			IN THIS SPACE		
	named entity submits this statement for the clions of registered agent.	tropic of changing its registered	affice ar (registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	if epplicable (NOTE Registered A	gent signatur	e required when reinstaling)	DATE
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	D				
NAME STREET ADDRESS CITY -ST -ZIP	BLAKE, PERTH A 30 WEST WILT AVE EUSTIS, FL 32728				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	1				U00000504882 04/26/06-80092-024 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
title Name Street address City-St-Zip				IN '	THIS SPACE
title name street address city-st-zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the core	certify that the information supplied with this fit on this report or supplemental report is true a contain on the receiver or trustee supplemental	ting does not qualify for the exemi- and accurate and that my signature	ptions con e shall hav	ntained in Chapter 111	3. Florida Statutes. I further certify that the information of as it made under oath, that I am an officer or director as an analysis of the state o

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: