

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043622

FILED
Apr 20, 2006
Secretary of State

Entity Name: HOLLYWOOD HEALTHCARE CORP.

Current Principal Place of Business:

1675 NORTH COMMERCE PARKWAY
WESTON, FL 33326

New Principal Place of Business:

10407 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025

Current Mailing Address:

1675 NORTH COMMERCE PARKWAY
WESTON, FL 33326

New Mailing Address:

10407 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025

FEI Number: 65-0839386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRIEDFELD, RICK
1675 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

FRIEDFELD, RICK
10407 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025 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: RICK FRIEDFELD

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KUSHER, ROBERT
Address: 1675 NORTH COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KUSHER, ROBERT
Address: 10407 NORTH COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

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: ROBERT KUSHER

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date