
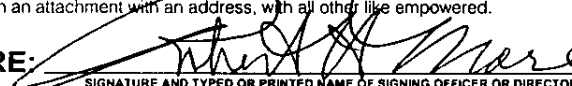


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90049 012 \*\*\*150.00

<b>DOCUMENT # P98000084852</b> 1. Entity Name <b>FLORIDA HEALTH PARTNERS, INC.</b>			
Principal Place of Business <b>3014 N. U.S. HWY. 301, STE. 1000 TAMPA, FL 33619</b>		Mailing Address <b>3014 N. U.S. HWY. 301, STE. 1000 TAMPA, FL 33619</b>	
2. Principal Place of Business - No P.O. Box # <b>8906 Brittany Way</b>		3. Mailing Address <b>8906 Brittany Way</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tampa, Florida</b>		City & State <b>Tampa, Florida</b>	
Zip <b>33619</b>		Zip <b>33619</b>	
Country 		Country 	
4. FEI Number <b>59-3537092</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>UCC FILING &amp; SEARCH SERVICES, INC.</b> <b>1574 VILLAGE SQUARE BLVD</b> <b>SUITE 100</b> <b>TALLAHASSEE, FL 32309</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>MORE, ROBERT</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3014 N. US 301 STE 1000</b>	CITY-ST-ZIP <b>TAMPA, FL 33619</b>	<b>8906 BRITTANY WAY</b> <b>Tampa, Florida 33619</b>	
TITLE <b>V</b>	NAME <b>DILLON, JOHN</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3014 N. US 301 STE 1000</b>	CITY-ST-ZIP <b>TAMPA, FL 33619</b>	<b>8906 BRITTANY WAY</b> <b>Tampa, Florida 33619</b>	
TITLE <b>T</b>	NAME <b>RICE, JULIAN</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5707 NORTH 22ND STREET</b>	CITY-ST-ZIP <b>TAMPA, FL 33610</b>		
TITLE <b>S</b>	NAME <b>HAYES, KATHY</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>200 AVENUE NE</b>	CITY-ST-ZIP <b>WINTER HAVEN, FL 33881</b>	<b>Secretary</b> <b>Irene Rickus</b> <b>8906 BRITTANY WAY</b> <b>TAMPA, FLORIDA 33619</b>	
TITLE <b>D</b>	NAME <b>DAIRE, BARBARA</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4024 CENTRAL AVE.</b>	CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33711</b>		
TITLE <b>D</b>	NAME <b>KASAB, JERRY</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1800 MERCY DR.</b>	CITY-ST-ZIP <b>ORLANDO, FL 32808</b>	<b>Treasurer</b> <b>Kasab, Jerry</b> <b>1800 Mercy Drive</b> <b>Orlando, FL 32808</b>	
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.			
<b>SIGNATURE:</b> 		<b>2/13/2007 (813) 246-7209</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	