

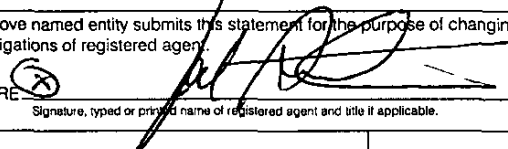



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90429 029 ***150.00

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|--|--|---|--|--|--|
| DOCUMENT # P98000094295 | | | |  | |
| 1. Entity Name DYNAMIC HEALTHCARE SYSTEMS, INC. | | | | | |
| Principal Place of Business 7695 104TH ST. STE. 210 MIAMI, FL 33156 | | | Mailing Address 7695 104TH ST. STE. 210 MIAMI, FL 33156 | | |
| 2. Principal Place of Business 1001 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 306 B City & State FORT LAUDERDALE, FL. Zip 33309 Country US | | 3. Mailing Address 1001 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. SUITE 306 B City & State FORT LAUDERDALE, FL. Zip 33309 Country US | | 40060540  | |
| 4. FEI Number 65-1070514 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LITTMAN, ERIC P 7695 104TH ST. STE. 210 MIAMI, FL 33156 | | | 7. Name and Address of New Registered Agent Name JOEL BERNSTEIN Street Address (P.O. Box Number is Not Acceptable) 2606 TIGERTAIL AVE. SUITE 104 City MIAMI FL 33133 | | |
| 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  | | | | DATE 4/20/06 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SPD LITTMAN, ERIC P 7695 104TH ST. STE. 210 MIAMI, FL 33156 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT, DIRECTOR SCOTT C. HOWELL D.O. 10421 N.W. 49 PLACE. CORAL SPRINGS, FL 33076 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY, VICE PRESIDENT, DIRECTOR CHARLES CHILDERS 3876 SW. 112 AVE # 115 MIAMI, FL 33105 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER, DIRECTOR BOBBY STORY 1313 ST. TROPEZ CIRCE WESTON, FL 33326 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR, CHAIRPERSON GUENTER H. JAENSCH PhD 16065 BRISTOL ISLE WAY DELRAY BEACH, FL 33440 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR JOHN C. LEWATT 4805 ST. JAMES AVE. TITUSVILLE, FL 32780 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR CHRISTOPHER PERRUCCI, ESQ. 1186 SHEERBROOK DR. CHAGRIN FALLS, OH 44022 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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:  - CHARLES D. CHILDERS | | | | DATE 4/19/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # 305-962-0538 | |

ATTACHMENT
400 60546
P98 000094295
Addendum

11. Additions to Officers and Directors in 11

Title: Director
Name: Ashok Kumar
Street Address: 303 Ashok Terrace
City -St.-Zip: Bangalore, India 560 038

Addition

Title: Director
Name: Morten A. Hansen
Street Address: Lepsoynet, 5216 Lepsoy
City -St.-Zip: Norway

Addition