

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90025 025 \*\*\*150.00

<b>DOCUMENT # P99000002266</b> 1. Entity Name INNOVATIVE HEALTH CARE, INC.			
Principal Place of Business 5400 S. UNIVERSITY DR., STE.506 DAVIE, FL 33328		Mailing Address 5400 S. UNIVERSITY DR., STE.506 DAVIE, FL 33328	
2. Principal Place of Business <i>11200 NW 18th Street</i> Suite, Apt. #, etc.		3. Mailing Address <i>11200 NW 18th Street</i> Suite, Apt. #, etc.	
City & State <i>PLANTATION, FL</i>		City & State <i>PLANTATION, FL</i>	
Zip <i>33323</i>	Country <i>USA</i>	Zip <i>33323</i>	Country <i>USA</i>
4. FEI Number 65-0885077		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  ZARRA, DANIEL 5400 S. UNIVERSITY DR., STE. 506 DAVIE, FL 33328		7. Name and Address of New Registered Agent Name <i>ZARRA, DANIEL</i> Street Address (P.O. Box Number is Not Acceptable) <i>11200 NW 18th Street</i> City <i>PLANTATION</i> FL Zip Code <i>33323</i>	
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: <i>Daniel Jara</i> DATE: <i>2/17/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARRA, DANIEL 5400 S. UNIVERSITY DR., #506 DAVIE, FL 33328	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZARRA, DANIEL 11200 NW 18th Street PLANTATION, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Daniel Jara</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>2/17/06</i> Daytime Phone #: <i>954.232.0000</i>	