

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90030 043 \*\*\*158.75

<b>DOCUMENT # P99000006772</b> 1. Entity Name <b>FLORIDA NATURAL HEALTHCARE CENTER, INC.</b>			
Principal Place of Business <b>2064 N UNIVERSITY DR PEMBROKE PINES, FL 33024</b>		Mailing Address <b>2064 N UNIVERSITY DR PEMBROKE PINES, FL 33024</b>	
2. Principal Place of Business - No P.O. Box # <b>9700 Stirling Rd. #107</b> Suite, Apt. #, etc. <b># 107</b> City & State <b>Cooper City</b> Zip Country <b>33024</b>		3. Mailing Address <b>9700 Stirling Rd. #107</b> Suite, Apt. #, etc. <b># 107</b> City & State <b>Cooper City</b> Zip Country <b>33024</b>	
6. Name and Address of Current Registered Agent  <b>LEBRON-CHADWICK, WANDA 11123 SW 15TH MANOR DAVIE, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10477 S.W. 49th Place</b> City State Zip Code <b>Cooper City FL 33328</b>	
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 <u>Wanda LeBron-Chadwick</u> DATE <u>3-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>CHADWICK, AARON 10477 SW 49TH PL COOPER CITY, FL 33328</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Wanda LeBron-Chadwick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-13-07</u> Daytime Phone #	