2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# P99000017207

Entity Name: SCULLY HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

11075 NORTHWEST 37TH STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

PO BOX 8294
CORAL SPRINGS, FL 33075

Current Mailing Address:

11075 NORTHWEST 37TH STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

PO BOX 8294
CORAL SPRINGS, FL 33075

FEI Number: 65-0896416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCULLY, DOREEN
11075 NW 37TH ST
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SCULLY, KARYN
Address: 11075 NORTHWEST 37TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KARYN SCULLY PSTD 02/28/2006

Electronic Signature of Signing Officer or Director Date