

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017207

FILED
Feb 05, 2007
Secretary of State

Entity Name: SCULLY HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

PO BOX 8294
CORAL SPRINGS, FL 33075

New Principal Place of Business:

8294 BOX
CORAL SPRINGS, FL 33075

Current Mailing Address:

PO BOX 8294
CORAL SPRINGS, FL 33075

New Mailing Address:

BOX 8294
CORAL SPRINGS, FL 33075

FEI Number: 65-0896416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

PRES

02/05/2007

Electronic Signature of Signing Officer or Director

Date