## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000034685

FILED Jan 25, 2006 Secretary of State

Entity Name: HEALTHY CHOICE OBSTETRICS AND GYNECOLOGY P.A.

**Current Principal Place of Business: New Principal Place of Business:** 4 NORTH EUSTIS STREET 400 W WOODWARD AVE EUSTIS, FL 32726 EUSTIS, FL 32726 **Current Mailing Address: New Mailing Address:** 119 N CENTER STREET EUSTIS, FL 32726 FEI Number: 59-3573514 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AUDAIN, FED AUDAIN, FED 4 NORTH EUSTIS ST 400 W WOODWARD AVE EUSTIS, FL 32726 EUSTIS, FL 32726 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: FED AUDAIN 01/25/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition AUDAIN, FED Name: Name: 19214 SALTSDALE RD Address: Address: City-St-Zip: UMATILLA, FL 32784 City-St-Zip: ( ) Delete Title: DPS Title: () Change () Addition Name: PERROTT, WENDY Name: 19214 Address: Address: UMATILLA, FL 32784 City-St-Zip: 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: FED AUDAIN VP 01/25/2006