

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090147

FILED
Feb 20, 2006
Secretary of State

Entity Name: SPIRELLI HEALTHCARE OF NORTH MIAMI BEACH, INC.

Current Principal Place of Business:

1352 NE 163RD ST.
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

20423 STATE RD 7
STE 259
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 65-0955734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIRELLI, DEAN DR.
21318 FALLS RIDGE WAY
BOCA RATON, FL 33428 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: D () Delete
Name: SPIRELLI, DEAN DR.
Address: 21318 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: WEINBERG, MARC K DR.
Address: 332 POINCIANA ISLE
City-St-Zip: SUNNY ISLE, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DEAN SPIRELLI

D

02/20/2006

Electronic Signature of Signing Officer or Director

Date