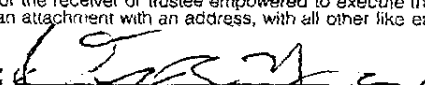


# **2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |  |                                                                                  |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # S98629</b><br>1. Entity Name<br><b>VIVID MEDICAL HEALTH CLINIC, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |                                                                                  |                                                    |  |
| Principal Place of Business<br><b>6600-31ST TERR NORTH<br/>ST PETERSBURG FL 33710<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |  | Mailing Address<br><b>6600-31ST TERR NORTH<br/>ST PETERSBURG FL 33710<br/>US</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                        |                                                                                                                                      |  |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |  | City & State<br>Zip Country                                                      |                                                                                                                                      |  |
| 4. FEI Number <b>59-3101018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |  |                                                                                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |  |                                                                                  | <b>\$8.75</b> Additional Fee Required                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>YANG, VIVID<br/>6600 31ST TER N<br/>ST PETERSBURG FL 33710</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |  |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when transferring)<br><small>Signature typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |  |                                                                                  |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |  |                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees               |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>P</b><br><b>YANG, VIVID</b><br><b>7837 10TH AVE S</b><br><b>ST PETERSBURG FL</b> |  | <input type="checkbox"/> Delete                                                  |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                     |  | <input type="checkbox"/> Change <input type="checkbox"/> Add                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                     |  | <input type="checkbox"/> Change <input type="checkbox"/> Add                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                     |  | <input type="checkbox"/> Change <input type="checkbox"/> Add                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                     |  | <input type="checkbox"/> Change <input type="checkbox"/> Add                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                     |  | <input type="checkbox"/> Change <input type="checkbox"/> Add                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                     |  | <input type="checkbox"/> Change <input type="checkbox"/> Add                     |                                                                                                                                      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 |                                                                                     |  |                                                                                  |                                                                                                                                      |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |                                                                                  | <b>Vivid Yang</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                               |  |
| <b>March 27, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |  |                                                                                  | <b>727-364-3643</b>                                                                                                                  |  |

