## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30666

Entity Name: PRECISION HEALTH CONCEPTS, INC.

FILED May 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

WINTER PARK MEMORIAL HOSPITAL 200 N LAKEMONTE AVE WINTER PARK, FL 32792 US

Current Mailing Address: New Mailing Address:

388 GILSON CT LAKE MARY, FL 32746 US 388 GILSTON COURT HEATHROW, FL 32746 US

FEI Number: 59-3117624 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:

HORNER, LARRY W WILLIAMS, KEVIN C CEO 337 RINGWOOD CIR 388 GILSTON COURT WINTER SPRINGS, FL 32708 US HEATHROW, FL 32746 US

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: KEVIN WILLIAMS 05/30/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: CEO (X) Change ( ) Addition

 Name:
 HORNER, LARRY
 Name:
 WILLIAMS, KEVIN C

 Address:
 337 RINGWOOD CIRCLE
 Address:
 388 GILSTON COURT

 City-St-Zip:
 WINTER SPRINGS, FL
 City-St-Zip:
 HEATHROW, FL
 32746

Title: S () Delete Title: P (X) Change () Addition

 Name:
 WILLIAMS, DEBBIE
 Name:
 HORNER, LARRY

 Address:
 388 GILSTON COURT
 Address:
 337 RINGWOOD CIRCLE

 City-St-Zip:
 HEATHROW, FL 32746
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 WILLIAMS, KEVIN
 Name:
 WILLIAMS, DEBBIE

 Address:
 388 GILSTON COURT
 Address:
 388 GILSTON COURT

 City-St-Zip:
 HEATHROW, FL 32746
 City-St-Zip:
 HEATHROW, FL 32746

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: KEVIN C WILLIAMS CEO 05/30/2006