


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000005909
 1. Entity Name
 TSG HEALTH CARE RESOURCES, INC.



Principal Place of Business Mailing Address
 352 PARK STREET, PARK PLACE WEST, STE 101 352 PARK STREET, PARK PLACE WEST, STE 101
 NORTH READING, MA 01864 NORTH READING, MA 01864

DO NOT WRITE IN THIS SPACE



08222006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3393409	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANOFF, STEVE 2 MAIN STREET STE 325 STONEHAM, MA 02155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMPOIAN, SCOTT 2 MAIN STREET STE 325 STONEHAM, MA 02155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHAMBERLAIN, PAUL 2 MAIN STREET STE 325 STONEHAM, MA 02155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000575111
 08/23/06-80004-012 550.00

U000000575111
 08/23/06-80004-013 8.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE: Paul Chamberlain Date: 8/22/06 Daytime Phone #: 978-664-1131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #