

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007211

FILED
Mar 06, 2006
Secretary of State

Entity Name: CENTER FOR PRACTICAL HEALTH REFORM, INC.

Current Principal Place of Business:

PO BOX 330911
ATLANTIC BEACH, FL 322330911 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 330911
ATLANTIC BEACH, FL 322330911 US

New Mailing Address:

FEI Number: 59-3677690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEPPER, BRIAN R PH.D.
PO BOX 330911
ATLANTIC BEACH, FL 322330911 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLEPPER, BRIAN R PH.D.
Address: 1949 BRISTA DE MAR CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 322334525

Title: VSD () Delete
Name: SMITHERS, CHARLES W JR. CPA
Address: 162 VIA TISDELLE
City-St-Zip: ORANGE PARK, FL 320735656

Title: TD () Delete
Name: GIESCHEN, NICHOLAS H CPA
Address: 2384 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: CD () Delete
Name: BRODSKY, ERNEST N
Address: 4268 VIA VALENCIA CIR
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R. KLEPPER

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date