


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N15775</b> 1. Entity Name EVERGLADES AREA HEALTH EDUCATION CENTER, INC.	
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Principal Place of Business 5725 CORPORATE WAY STE 102 W. PALM BEACH, FL 33407	Mailing Address 5725 CORPORATE WAY STE 102 W. PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2740588	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  PETERS, JOSEPH 5725 CORPORATE WAY STE 102 W. PALM BEACH, FL 33407
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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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKIN, RICHARD 1454 MADISON AVENUE IMMOKALEE, FL 33934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, EDWIN 4450 S. TIFFANY DRIVE W. PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEAKE, D.O., JOHN 8230 CALOOSAHATCHEE S.W. MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH, CAYSON 1500 NW AVE L BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRENSCHELL, ROBERT D.O. 4450 S. TIFFANY DR. WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/07-80025-022 70.00

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 617, 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:**  **Joseph E. Peters** **2/1/07** **561-640-3620**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #