## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000081644

City-St-Zip:

PORT CHARLOTTE, FL 33948

Entity Name: PRN HEALTHCARE ASSOCIATES, INC.

FILED Aug 30, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2150 TAMIAMI TRL UNIT 189 PORT CHARLOTTE, FL 33948				2150 TAMIAMI TRL UNIT #12-189			
					PORT CHARLOTTE, FL 33948		
Current Mailing Address:					New Mailing Address:		
2150 TAMIAMI TRL UNIT 189 PORT CHARLOTTE, FL 33948					2150 TAMIAMI TRL UNIT #12-189 PORT CHARLOTTE, FL 33948		
FEI Numbe	er: 20-3076919	FEI Nu	mber Applied For()	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
2150 TAN	TON, SUSAN MIAMI TRL UNI HARLOTTE, FL		US				
	e named entity te of Florida.	submits	this statement for the <sub>l</sub>	purpose c	of changing its registere	ed office or registered agent, or both,	
SIGNATU	JRE:						
Electronic Signature of Registered Agent				Date			
		. , . , ,	S., the corporation did no und Contribution ( ).	ot receive t	he prior notice.		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address:	DP ( KISMARTON, 2150 TAMIAMI		189		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN KISMARTON DP 08/30/2007