
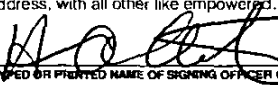


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90991 029 ***150.00

DOCUMENT # 692481 1. Entity Name PRO HEALTH, INC.			
Principal Place of Business 3000 NE 30TH PLACE SUITE 102 FT. LAUDERDALE, FL 33306		Mailing Address 3000 NE 30TH PLACE SUITE 102 FT. LAUDERDALE, FL 33306	
2. Principal Place of Business 1324 N. STATE ROAD 7 Suite, Apt. #, etc.		3. Mailing Address 1324 N. STATE ROAD 7 Suite, Apt. #, etc.	
City & State MARGATE, FL		City & State MARGATE, FL	
Zip 33063	Country USA	Zip 33063	Country USA
4. FEI Number 59-2170548		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, KEN 1324 N. STATE ROAD 7 3000 NE 30TH PLACE FT. LAUDERDALE, FL 33306 MARGATE, FL 33063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROBERTS, KEN STREET ADDRESS 3000 NE 30TH PLACE 1324 N. STATE RD. 7 CITY-ST-ZIP FT. LAUDERDALE, FL 33306 MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CT NAME AUTRY, ALLEN STREET ADDRESS 3000 NE 30TH PLACE 1324 N. STATE RD. 7 CITY-ST-ZIP FT. LAUDERDALE, FL MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME AUTRY, DEANNA W STREET ADDRESS 3000 NE 30TH PLACE 1324 N. STATE RD. 7 CITY-ST-ZIP FORT LAUDERDALE, FL 33306 MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		4/28/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50046572



04272005 Chg-P CR2E034 (10/03)