


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90294 030 ***150.00

DOCUMENT # F94000004799	
1. Entity Name PROFESSIONAL CENTER OF SOUTH FLORIDA, INC.	

Principal Place of Business 1380 NE MIAMI GARDENS DR #220 NORTH MIAMI BEACH, FL 33179	Mailing Address 1835 NE MIAMI GARDENS DR #144 NORTH MIAMI BEACH, FL 33179
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2. Principal Place of Business 1380 NE MIAMI GARDENS DR. Suite, Apt. #, etc. # 130	3. Mailing Address Suite, Apt. #, etc.
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04202005 Chg-P CR2E034 (10/03)

City & State North Miami Beach FL	City & State
Zip 33179	Country USA

4. FEI Number 59-2262709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

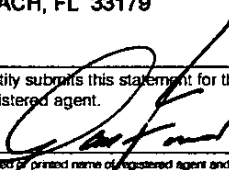
6. Name and Address of Current Registered Agent

FRAYND, PAUL
1380 NE MIAMI GARDENS DR
#220
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent

Name: FRAYND, PAUL
Street Address (P.O. Box Number is Not Acceptable):
1380 NE MIAMI GARDENS DR. # 130
City: North Miami Beach FL Zip Code: 33179

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:  DATE: 4/21/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAYND, PAUL 1380 NE MIAMI GARDENS DR 220 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAYND, PAUL 1380 NE MIAMI GARDENS DR. # 130 North Miami Beach, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRAYND, FANNY 1380 NE MIAMI GARDENS DR 220 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRAYND, FANNY 1380 NE MIAMI GARDENS DR. # 130 North Miami Beach, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRAYND, SAUL 1380 NE MIAMI GARDENS DR 220 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRAYND, SAUL 1380 NE MIAMI GARDENS DR. # 130 North Miami Beach, FL 33179 <input checked="" 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
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 a similar like empowered.

SIGNATURE:  DATE: 4/21/05 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR