

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002432

Entity Name: PRIME HEALTH SYSTEM, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

210 S. PARSONS AVE., STE. 12
BRANDON, FL 33511

New Principal Place of Business:

1123 MARBELLA PLAZA DR.
TAMPA, FL 33619

Current Mailing Address:

210 S. PARSONS AVE., STE. 12
BRANDON, FL 33511

New Mailing Address:

1123 MARBELLA PLAZA DR.
TAMPA, FL 33619

FEI Number: 58-2395016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUGHAN, DAVID R
STE 12, 210 SOUTH PARSONS AVE.
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

VAUGHAN, DAVID R
1123 MARBELLA PLAZA DR.
TAMPA, FL 33619 US

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: DAVID R. VAUGHAN

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAUGHAN, DAVID R
Address: 210 S. PARSONS AVE., STE. 12
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VAUGHAN, DAVID R
Address: 1123 MARBELLA PLAZA DR.
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID R. VAUGHAN

P.

04/26/2005

Electronic Signature of Signing Officer or Director

Date