


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # J80649 1. Entity Name DOLPHIN HEALTH CENTER, INC.	
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Principal Place of Business 1300 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060 US	Mailing Address 1300 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060 US
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2815288	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 HOLTMAN, MARY JANE 2921 NE 18 STREET POMPANO BCH, FL 33062
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**DO NOT WRITE
IN THIS SPACE**

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

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLTMAN, MARY JANE 2901 NE 18TH ST POMPANO BEACH, FL 33062
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IN THIS SPACE**

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: Mary Jane Holtman 1-27-05 954-941-8815
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #