

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M24786

FILED
Apr 07, 2005
Secretary of State

Entity Name: STRATEGIC HEALTH DEVELOPMENT CORPORATION

Current Principal Place of Business:

9501 NE 2ND AVENUE
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

9501 NE 2ND AVENUE
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 59-2626367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JAMES M.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: KARNIEWICZ, CYNTHIA, L.
Address: 1008 PINE BRANCH DRIVE
City-St-Zip: FT. LAUDERDALE, FL

Title: C () Delete
Name: KARNIEWICZ, ALFRED J, R.
Address: 1008 PINE BRANCH DRIVE
City-St-Zip: FT. LAUDERDALE, FL

Title: P () Delete
Name: WALLBANK, NIGEL,
Address: 3 GROVE ISLE DRIVE C1703
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WALLBANK, NIGEL,
Address: 811 FARWELL DRIVE
City-St-Zip: MADISON, WI 53704

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: GLENDA A. KREPPS

CFO

04/07/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date