
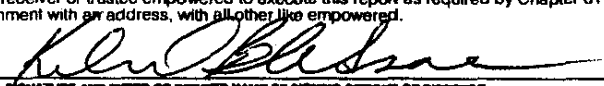


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91027 042 \*\*\*\*61.25

<b>DOCUMENT # N01000008440</b>					
<b>1. Entity Name</b> PLANNED APPROACH TO COMMUNITY HEALTH ADVISORY COUNCIL OF PALM BEACH COUNTY, INC.					
<b>Principal Place of Business</b> 851 AVENUE P RIVIERA BEACH, FL 33404			<b>Mailing Address</b> PO BOX 210803 ROYAL PALM BEACH, FL 33421		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 10567			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Riviera Beach, Florida			
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 33419-0567	<b>Country</b> USA	<b>4. FEI Number</b> 30-0007978	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CROWELL, EDWARD J 5111 SE MILES GRANT RD, APT 201 STUART, FL 34997			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP</b> BRYANT, JUANITA 1845 S. FEDERAL HWY. DELRAY BEACH, FL 33483		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> Iles, ANN 42 East 30th Street Suite A-1 Riviera Beach, Florida 33404	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> RYAN, LAURINDA 145 NE 4TH TERR BOYNTON BEACH, FL 33435		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> CROWELL, EDWARD J 5111 SE MILES GRANT RD, APT 201 STUART, FL 34997		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> BLEDOSE, KEVIN 1700 N. AUSTRALIAN AVE WEST PALM BEACH, FL 33407		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>1VP</b> Bledsoe Kelvin 1700 North Australian Avenue West Palm Beach Florida 33407	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> DURAN, RAFAEL 25 SE AVE, SUITE 1 BELLE GLADE, FL 33430		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> JOHNSON, HENRIETTA 141 NW 4TH ST. BELLE GLADE, FL 33430		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/14/04 Daytime Phone #: 561-833-1461					