

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005018

FILED  
Mar 26, 2005  
Secretary of State

Entity Name: SONIA PLOTNICK HEALTH FUND INC.

## Current Principal Place of Business:

PO BOX 530606  
ST PETERSBURG, FL 33747 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 530606  
ST PETERSBURG, FL 33747 US

## New Mailing Address:

FEI Number: 59-2513296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCGOUGH, KAREN  
2803 W VINA DEL MAR BLVD  
ST PETE BEACH, FL 33706 US

## Name and Address of New Registered Agent:

MCGOUGH, KAREN  
PO BOX 46406  
ST PETE BEACH, FL 33741 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: KAREN MCGOUGH

03/26/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCGOUGH, KAREN N  
Address: 2803 WEST VINA DEL MAR BLVD  
City-St-Zip: ST PETE BEACH, FL 33706

Title: T ( ) Delete  
Name: MCGOUGH, KAREN  
Address: 2803 W VINA DEL MAR BLVD  
City-St-Zip: ST PETE BEACH, FL 33706

Title: S ( ) Delete  
Name: DESMARIS, CHICKY  
Address: 12520 83RD AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete  
Name: METRANO, CHARLENE  
Address: 2408 59TH ST SOUTH  
City-St-Zip: GULFPORT, FL 33711

Title: D ( ) Delete  
Name: GARRABRANT, LINDA  
Address: 5835 24TH AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: D (X) Delete  
Name: WALLACE, LISA  
Address: 11404 DR MLK JR BLVD APT 711  
City-St-Zip: ST PETERSBURG, FL 33713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCGOUGH, KAREN N  
Address: PO BOX 46406  
City-St-Zip: ST PETE BEACH, FL 33741

Title: T (X) Change ( ) Addition  
Name: GARRABRANT, LINDA  
Address: 5838 24TH AVE SOUTH  
City-St-Zip: ST PETERSBURG, FL 33741

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

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

Title: D (X) Change ( ) Addition  
Name: RODRIQUEZ, LYNDIA  
Address: 2405 YORK ST SOUTH  
City-St-Zip: GULFPORT, FL 33707

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN MCGOUGH

P

03/26/2005

Electronic Signature of Signing Officer or Director

Date