2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 16, 2005
Secretary of State

DOCUMENT# N03000000684

Entity Name: FRIENDS OF ST. LUCIE COUNTY PUBLIC HEALTH, INC.

Current Principal Place of Business:

5150 MILNER DR
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

5150 MILNER DR
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 76-0730483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, JAMES S
5150 MILNER DRIVE
PORT SAINT LUCIE, FL 34983 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HALL, ARLEASE
Address: 5150 MILNAR DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD ( ) Delete
Name: HARRIS, JAMES S
Address: 5150 MILNER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete
Name: HOEFFNER, WILLIAM
Address: 502 MAYFLOWER LN
City-St-Zip: FT PIERCE, FL 34950

Title: D ( ) Delete
Name: SNURE, HELGA
Address: 5150 MILNER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES S HARRIS TD 05/16/2005

Electronic Signature of Signing Officer or Director — Date