

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2007
Secretary of State**

DOCUMENT# N04000002892

Entity Name: BOYNTON BEACH PLANNED APPROACH TO COMMUNITY HEALTH, INC.

Current Principal Place of Business:

P.O. BOX 1487
BOYNTON BEACH, FL 334251487

New Principal Place of Business:

145 NE 4TH AVE
BOYNTON BEACH, FL 33435

Current Mailing Address:

P.O. BOX 1487
BOYNTON BEACH, FL 334251487

New Mailing Address:

145 NE 4TH AVE
BOYNTON BEACH, FL 33435

FEI Number: 20-0818669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ALMEIDA, ARTHUR B
105 EAST PALMETTO PARK RD.
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

JOHNSON, SHERRY Y
145 NE 4TH AVE
BOYNTON BEACH, FL 33435 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: SHERRY Y. JOHNSON 04/27/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EDWARDS, BRIAN
Address: 629 NE 9TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DS () Delete
Name: NORFUS, MARSHA
Address: 261 NORTH PALM DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DS () Delete
Name: DAVIS, ELLEN
Address: 6062 TERRAROSA CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: JOHNSON, SHERRY Y
Address: 145 NE 4TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHERRY JOHNSON TREA 04/27/2007
Electronic Signature of Signing Officer or Director Date