


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90002 024 ****61.25

DOCUMENT # N07000004791	
1. Entity Name PALM BEACH CENTER OF HEALTH, INC.	

Principal Place of Business 1071 W 3RD STREET RIVERA BEACH, FL 33404	Mailing Address 1071 W 3RD STREET RIVERA BEACH, FL 33404
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40114010



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08242008 Chg-NP CR2E037 (12/06)

4. FEI Number 260304969	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS, CERETHA M 1071 W 3RD STREET RIVERA BEACH, FL 33404		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.	
SIGNATURE <i>Ceretha Thomas Marshall</i>	DATE <i>8/24/08</i>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAWKINS, SHANDRA			NAME			
STREET ADDRESS	4898 B ORLEANS COURT			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33415			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, JR., JAMES			NAME			
STREET ADDRESS	801 W 1ST STREET			STREET ADDRESS			
CITY-ST-ZIP	RIVERA BEACH, FL 33404			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONARD, CORINE			NAME			
STREET ADDRESS	2101 AVENUE F APT 202			STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGLEY, JANE			NAME			
STREET ADDRESS	2084 RADNOR ROAD			STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPIKAK, PATTI			NAME			
STREET ADDRESS	5254 HORSESHOE POINT ROAD			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34997			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE: <i>Ceretha Thomas Marshall</i>	DATE: <i>8/24/08</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	