2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004791

FILED Jan 19, 2010 Secretary of State

Entity Name: PALM BEACH CENTER OF HEALTH, INC.

Current Principal Place of Business: New Principal Place of Business:

1715 DIVISION AVE

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

352 GARDEN BLVD 4898 B ORLEANS COURT

PALM BEACH GARDENS, FL 33410 US WEST PALM BEACH, FL 33415 US

FEI Number: 26-0364969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, CERETHA M ARNP

1071 W 3RD STREET

DAWKINS, SHANDRA L
4898 B ORLEANS COURT

RIVERA BEACH, FL 33404 US WEST PALM BEACH, FL 33415 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: SHANDRA L. DAWKINS 01/19/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP

 Name:
 DAWKINS, SHANDRA

 Address:
 4898 B ORLEANS COURT

 City-St-Zip:
 WEST PALM BEACH, FL 33415

Title: DS

 Name:
 POWELL, JR., JAMES

 Address:
 801 W 1ST STREET

 City-St-Zip:
 RIVERA BEACH, FL 33404

Title:

Name: HADORN, NANCY

Address: 7721 SPRINGCREEK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DVP

Name: WAGLEY, JANE Address: 2084 RADNOR ROAD

City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DT

Name: SPISAK, PATTI ARNP

Address: 5254 HORSESHOE POINT ROAD

City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: SHANDRA L. DAWKINS PRES 01/19/2010