2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005
Secretary of State

DOCUMENT# N93000005480

Entity Name: PROFESSIONALS FOR EXCELLENCE IN HEALTH CARE, INC.

Current Principal Place of Business:

612 HARBOR ISLAND
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

612 HARBOR ISLAND
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-3220752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARPENTER, JANA
612 HARBOR ISLAND
CLEARWATER, FL 33767 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: D ( ) Delete
Name: CARPENTER, JANA Q
Address: 612 HARBOR ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: KELLY, ROBERT ESQ
Address: 839 HILLSIDE DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: TRAGOS, GEORGE ESQ.
Address: 601 CLEVELAND ST. SUITE 800
City-St-Zip: CLEARWATER, FL 33755

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:

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: JANA Q CARPENTER D 07/27/2005

Electronic Signature of Signing Officer or Director Date