## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000008053

FILED Jan 12, 2004 Secretary of State

Entity Name: PROFESSIONAL MANAGEMENT OF CENTRAL FLORIDA, INC.

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

1700 NORTH ORANGE AVENUE 501 N. MAGNOLIA AVENUE

ORLANDO, FL 32804 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

1700 NORTH ORANGE AVENUE 501 N. MAGNOLIA AVENUE ORLANDO, FL 32804 ORLANDO, FL 32801

FEI Number: 59-3631501 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ZIMMERMAN, SCOTT
1700 NORTH ORANGE AVENUE
ORLANDO, FL 32804

ZIMMERMAN, SCOTT
501 N. MAGNOLIA AVENUE
ORLANDO, FL 32801

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: 01/12/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete Title: DPS (X) Change ( ) Addition

 Name:
 ZIMMERMAN, SCOTT
 Name:
 ZIMMERMAN, SCOTT

 Address:
 1700 NORTH ORANGE AVENUE
 Address:
 501 N. MAGNOLIA AVENUE

 City-St-Zip:
 ORLANDO, FL 32804
 City-St-Zip:
 ORLANDO, FL 32801

Title: SVP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALEX, KATHLEEN
 Name:

 Address:
 250 AUSTRALIAN AVE., STE 1602
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT ZIMMERMAN DPS 01/12/2004