## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000074441

1. Entity Name

PHC - BLOUNTSTOWN, INC.



FILED
Jan 21, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

17884 NE CROZIER STREET BLOUNTSTOWN, FL 32424

909 GARDENGATE CIRCLE PENSACOLA, FL 32504



## DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

5.	Certificate of Status Desired	П \$	88.75	Additional
	59-3670300		-	Not Applicable
4.	Hei Number		L	Applied For

Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, LINDA A EMMANUEL, SHEPPARD & CONDON 30 S. SPRING STREET PENSACOLA. FL 32502

Pole- KLOU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DO NOT WRITE IN THIS SPACE

PENSACOLA, FL 32502			iii iiio oi Aol			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title is	if applicable (NOTE Registere	d Agent signature	required when reinstating)	DATE	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATES, CATHERINE A 909 GARDENGATE CIRLCE PENSACOLA, FL 32504				มกักกกายจุนลูๆ กา/24/กร-8กก95-808 150.80	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIS, GREGORY A 909 GARDENGATE CIRCLE PENSACOLA, FL 32504		<u>-</u>			
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
indicated of the cor	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowers , or on an attachment with an address, with al	and accurate and that my signa d to execute this report as requi	mption state ture shall havired by Chap	d in Section 119.07(3)( ve the same legal effecter 607, Florida Statute	<ol> <li>Florida Statutes. I further certify that the information t as if made under oath; that I am an officer or director is, and that my name appears in Block 10 or Block 11 if</li> </ol>	