2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008
Secretary of State

DOCUMENT# P00000084287

Entity Name: ELITE HEALTH SYSTEMS OF PALM HARBOR, INC.

Current Principal Place of Business:

34621 U.S. HIGHWAY 19 N.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

34621 U.S. HIGHWAY 19 N.
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3670643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, LAURIE
34621 U.S. HIGHWAY 19 N.
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

CHAPMAN, LAURIE J PRES
34621 U.S. HIGHWAY 19 N.
PALM HARBOR, FL 34684 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: LAURIE CHAPMAN 02/01/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHAPMAN, LAURIE
Address: 16441 SPRING VALLEY ROAD
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CHAPMAN, LAURIE J PRES
Address: 16441 SPRING VALLEY ROAD
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAURIE CHAPMAN PRES 02/01/2008
Electronic Signature of Signing Officer or Director Date