


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State


04-28-2005 90220 049 ***150.00

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|----------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P01000101733 |  |
| 1. Entity Name A PARTNER IN HEALTH, INC. | |

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| Principal Place of Business 12645 ASH HARBOR DR. JACKSONVILLE, FL 32224 | Mailing Address 12645 ASH HARBOR DR. JACKSONVILLE, FL 32224 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

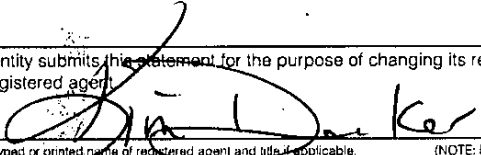
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|------------------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business 133 LOST BEACH LN | 3. Mailing Address 133 LOST BEACH LN |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------------|---------------------------------------|
| City & State PONTE VEDRA FL | City & State PONTE VEDRA FL |
| Zip 32082 | Country U.S.A |
| Zip 32082 | Country U.S.A |

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| 04262005 | Chg-P CR2E034 (10/03) |
| 4. FEI Number 59-3751221 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|-------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent | |
| DECKER, KIMBERLY B 12645 ASH HARBOR DR. JACKSONVILLE, FL 32224 | |

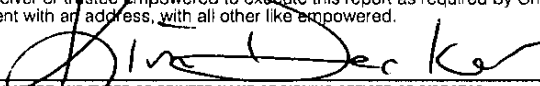
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE April 26 / 05 |
| Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD DECKER, KIMBERLY B 12645 ASH HARBOR DR. JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
| SIGNATURE:  | DATE April 26 / 05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |