

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112255

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: PROHEALTH MEDICAL OF PALM BEACH, INC.

## Current Principal Place of Business:

500 WINDERLY PLACE SUITE 224  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

500 WINDERLY PLACE SUITE 224  
MAITLAND, FL 32751

## New Mailing Address:

FEI Number: 59-3761429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHALIN, LAWRENCE J  
225 EAST ROBINSON STREET SUITE 600  
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MACLEAY, MICHAEL R  
Address: 2100 SILVER LEAF COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: GARNER, H. STEPHEN  
Address: 403 SPRING VALLEY LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: VOGT, STEPHEN C  
Address: 1711 BARCELONA WAY  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MACLEAY, MICHAEL R  
Address: 500 WINDERLEY PLACE STE. 224  
City-St-Zip: MAITLAND, FL 32751

Title: P-D (X) Change ( ) Addition  
Name: GARNER, H. STEPHEN  
Address: 500 WINDERLEY PLACE STE. 224  
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition  
Name: VOGT, STEPHEN C  
Address: 500 WINDERLEY PLACE STE. 224  
City-St-Zip: MAITLAND, FL 32751

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: H. STEPHEN GARNER

P-D

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date