

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112255

FILED
Apr 13, 2009
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:

2450 MAITLAND CENTER PKWY
SUITE 200
MAITLAND, FL 32751

Current Mailing Address:

500 WINDERLY PLACE SUITE 224
MAITLAND, FL 32751

New Mailing Address:

2450 MAITLAND CENTER PKWY
SUITE 200
MAITLAND, FL 32751

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: 500 WINDERLEY PLACE STE. 224
City-St-Zip: MAITLAND, FL 32751

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MACLEAY, MICHAEL R
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: P-D (X) Change () Addition
Name: GARNER, H. STEPHEN
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: VOGT, STEPHEN C
Address: 2450 MAITLAND CENTER PKWY, STE 200
City-St-Zip: MAITLAND, FL 32751

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: H STEPHEN GARNER

P-D

04/13/2009

Electronic Signature of Signing Officer or Director

Date