


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90028 007 \*\*\*150.00

<b>DOCUMENT # P02000045026</b> 1. Entity Name CENTER FOR FAMILY HEALTH AND PREVENTION, P.A.	
---	---

Principal Place of Business 2702 TAMPA RD PALM HARBOR, FL 34684	Mailing Address 2702 TAMPA RD PALM HARBOR, FL 34684
---	---



04082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 82-0540569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  O'NEAL, MICHAEL L DO 1430 SEAGULL DRIVE PALM HARBOR, FL 34685 <i>2702 Tampa Rd PALM HARBOR, FL 34684</i>
--

**DO NOT WRITE  
IN THIS SPACE**

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 <i>MON Jo</i>	<i>Michael O'Neal</i>	<i>4/8/08</i> DATE
<small>Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when reappointing)</small>		

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES O'NEAL, MICHAEL D DO 2702 TAMPA RD PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>MON Jo</i>	<i>Michael O'Neal</i>	<i>4/8/08</i> Date	<i>727 784 8849</i> Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			