2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State
07-19-2004 90005 017 ***150.00

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1. Entity Name
FLORIDA PROFESSIONAL HEALTH CARE INC.

Principal Place of Business	Mailing Address
7900 N.W. 33RD STREET SUITE #101 DAVIE, FL 33024-2246	7900 N.W. 33RD STREET SUITE #101 DAVIE, FL 33024-2246

66430792

07072004 No Chg-P CR2E034 (10/03)

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4. FEI Number – 82-0550882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUITE, ARTHUR L
7900 N.W. 33RD STREET
SUITE #101
DAVIE, FL 33024-2246

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUITE, ARTHUR L
STREET ADDRESS	1101 COLONY POINT CIRCLE BLDG. 4 #411
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	D
NAME	SUITE, SYDNEY O
STREET ADDRESS	13451 LURAY ROAD
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330
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	

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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: _____ 07-26-04 954 432 8532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARTHUR L SUITE DIRECTOR