


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P02000067703                    |  |
| 1. Entity Name<br>PARTNERS IN HEALING, INC |   |

|   |   |
|---|---|
| Principal Place of Business<br>12515 ORANGE DRIVE<br>815<br>DAVIE, FL 33330 | Mailing Address<br>12515 ORANGE DRIVE<br>815<br>DAVIE, FL 33330 |
|---|---|

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02022004 No Chg-P CR2E034 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>90-0054497 | Applied For<br><input type="checkbox"/> 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

ROSANNE, CALABRESE  
15881 NORTH WIND CIRCLE  
SUNRISE, FL 33326

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROSANNE, CALABRESE<br>15881 NORTH WIND CIRCLE<br>SUNRISE, FL 33326 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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03/22/04-80036-013 150.00

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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)(f), 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: *Rosanne Calabrese* 3/17/04 (952) 4238003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #