

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067703

Entity Name: PARTNERS IN HEALING, INC

FILED  
Jan 11, 2005  
Secretary of State

## Current Principal Place of Business:

12515 ORANGE DRIVE  
815  
DAVIE, FL 33330

## New Principal Place of Business:

## Current Mailing Address:

12515 ORANGE DRIVE  
815  
DAVIE, FL 33330

## New Mailing Address:

FEI Number: 90-0054497      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSANNE, CALABRESE  
15881 NORTH WIND CIRCLE  
SUNRISE, FL 33326      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: P      ( ) Delete  
Name: ROSANNE, CALABRESE  
Address: 15881 NORTH WIND CIRCLE  
City-St-Zip: SUNRISE, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROSANNE CALABRESE

PRES

01/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date