2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# P02000087053

Entity Name: THE CENTER FOR HEALTH, INC.

Current Principal Place of Business:

11651 N. PALM AVE.
HOLLYWOOD, FL 33026

New Principal Place of Business:

Current Mailing Address:

4701 SW 110 AVE.
FORT LAUDERDALE, FL 33328

New Mailing Address:

FEI Number: 72-1531967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIOVINCO, VINCENT
9413 N.W. 39 PLACE
SUNRISE, FL 33063 US

Name and Address of New Registered Agent:

GIOVINCO, VINCENT
4701 SW 110 AVENUE
FT. LAUDERDALE, FL 33328 US

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: 03/17/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GIOVINCO, VINCENT
Address: 4701 SW 110 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: D ( ) Delete
Name: GIOVINES, DESPING
Address: 4701 SW 110 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VINCENT GIOVINCO PRES 03/17/2005
Electronic Signature of Signing Officer or Director — Date