

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116008

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: PRODIGY HEALTHCARE SPECIALISTS, INC.

## Current Principal Place of Business:

2823 US HIGHWAY 301 NORTH  
ELLENTON, FL 34222

## New Principal Place of Business:

2823 US HIGHWAY 301 NORTH  
SUITE 4  
ELLENTON, FL 34222

## Current Mailing Address:

2823 US HIGHWAY 301 NORTH  
ELLENTON, FL 34222

## New Mailing Address:

2823 US HIGHWAY 301 NORTH  
SUITE 4  
ELLENTON, FL 34222

FEI Number: 56-2301065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4 FLR  
MIAMI, FL 33145 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: RELAO, RACHEL K  
Address: 11834 DUNSTER LN  
City-St-Zip: PARRISH, FL 34219

Title: DVS ( ) Delete  
Name: RELAO, JOSE C JR  
Address: 11834 DUNSTER LN  
City-St-Zip: PARRISH, FL 34219

## 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: JOSE RELAO

DVS

07/01/2004

Electronic Signature of Signing Officer or Director

Date