

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038494

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PRO-MED HEALTH NETWORK, INC.

## Current Principal Place of Business:

1130 S SEMORAN BLVD  
SUITE B  
ORLANDO, FL 32807

## New Principal Place of Business:

## Current Mailing Address:

1130 S SEMORAN BLVD  
SUITE B  
ORLANDO, FL 32807

## New Mailing Address:

4779 COLLINS AVE  
SUITE 1503  
MIAMI BEACH, FL 33140

FEI Number: 20-0035458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, JORGE LUIS  
4779 COLLINS AVENUE  
PH 4405  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

GARCIA, JORGE LUIS  
4779 COLLINS AVENUE  
SUITE 1503  
MIAMI BEACH, FL 33140 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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete  
Name: GARCIA, JORGE L  
Address: 4779 COLLINS AVE., PH 4107  
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD ( ) Delete  
Name: GARCIA, JORGE L  
Address: 4779 COLLINS AVE., PH 4405  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition  
Name: GARCIA, JORGE L  
Address: 4779 COLLINS AVE., SUITE 1503  
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD (X) Change ( ) Addition  
Name: GARCIA, JORGE L  
Address: 4779 COLLINS AVE., SUITE 1503  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JORGE L GARCIA

CEOP

04/30/2007

Electronic Signature of Signing Officer or Director

Date