

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093337

FILED
May 02, 2005
Secretary of State

Entity Name: PRIORITY HEALTH SERVICES INC

Current Principal Place of Business:

6530 GRIFFIN ROAD
106
DAVIE, FL 33314

New Principal Place of Business:

1868 N UNIVERSITY DR
304
PLANTATION, FL 33322

Current Mailing Address:

6530 GRIFFIN ROAD
106
DAVIE, FL 33314

New Mailing Address:

1868 N UNIVERSITY DR
304
PLANTATION, FL 33322

FEI Number: 20-0184826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, BRADLEY
6530 GRIFFIN ROAD
106
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

COHEN, BRADLEY
1868 N UNIVERSITY DR
304
PLANTATION, FL 33322 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:

05/02/2005

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: P () Delete
Name: COHEN, BRADLEY
Address: 6530 GRIFFIN ROAD STE 106
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: COHEN, SETH
Address: 6530 GRIFFIN ROAD STE 106
City-St-Zip: DAVIE, FL 33314

Title: SEC () Delete
Name: ARNOLD, COHEN
Address: 6530 GRIFFIN ROAD STE 106
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, BRADLEY
Address: 1868 N UNIVERSITY DR #304
City-St-Zip: PLANTATION, FL 33322

Title: VP (X) Change () Addition
Name: COHEN, SETH
Address: 1868 N UNIVERSITY DR #304
City-St-Zip: PLANTATION, FL 33322

Title: SEC (X) Change () Addition
Name: ARNOLD, COHEN
Address: 1868 N UNIVERSITY DR #304
City-St-Zip: PLANTATION, FL 33322

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: ARNOLD COHEN

SEC

05/02/2005

Electronic Signature of Signing Officer or Director

Date