2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098237

Entity Name: PRO-HEALTH MANAGEMENT SERVICES, INC.

FILED Apr 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2186 NW 162 WAY 5110 SW 153RD PLACE NORTH

PEMBROKE PINES, FL 33028 US MIAMI, FL 33185 US

Current Mailing Address: New Mailing Address:

2186 NW 162 WAY 5110 SW 153RD PLACE NORTH

PEMBROKE PINES, FL 33028 US MIAMI, FL 33185 US

FEI Number: 76-0730023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUBIO, ALEX RUBIO, ALEX

2186 NW 162 WAY

PEMBROKE PINES, FL 33028 US

KOBIC, ALEX

5110 SW 153RD PLACE NORTH

MIAMI, FL 33185 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: ALEX RUBIO 04/13/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: RUBIO, ALEX Name: RUBIO, ALEX

Address: 2186 NW 162 WAY Address: 5110 SW 153RD PLACE NORTH

City-St-Zip: PEMBROKE PINES, FL 33028 US City-St-Zip: MIAMI, FL 33185 US

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: ALEX RUBIO PRES 04/13/2004