
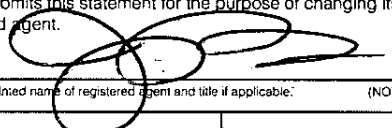
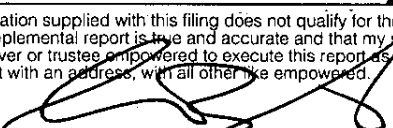


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90446 045 \*\*\*150.00

<b>DOCUMENT # P03000112347</b> 1. Entity Name <b>FLORIDA HEALTH SOURCE OF PALM BEACH, INC.</b>					
Principal Place of Business <b>350 JIM MORAN BLVD DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>350 JIM MORAN BLVD DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROVENICK, EVAN 350 JIM MORAN BLVD DEERFIELD BEACH, FL 33442</b>			Name <b>Jonathan Bloom, Esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>Bloom Batten and Freeling</b> <b>2295 NW Corporate Blvd, Ste 117</b> City <b>Boca Raton</b> FL Zip Code <b>33431</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE <b>4/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD BROVENICK, EVAN 350 JIM MORAN BLVD DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BLECHMAN, DAVID 350 JIM MORAN BLVD DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #



04292004 Chg-P CR2E034 (10/03)

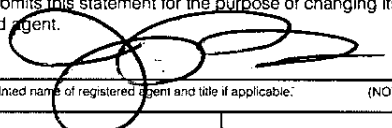
4. FEI Number  
**20-0304545**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Name **Jonathan Bloom, Esq**  
 Street Address (P.O. Box Number is Not Acceptable) **Bloom Batten and Freeling**  
**2295 NW Corporate Blvd, Ste 117**  
 City **Boca Raton** FL Zip Code **33431**

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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
BROVENICK, EVAN  
350 JIM MORAN BLVD  
DEERFIELD BEACH, FL 33442**
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BLECHMAN, DAVID  
350 JIM MORAN BLVD  
DEERFIELD BEACH, FL 33442**
☐ Delete

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CITY-ST-ZIP  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #