

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90039 026 ***150.00

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|---|---------------------------------|--|---|--|--|
| DOCUMENT # P04000001521 | | | | | |
| 1. Entity Name PERMAHEALTH, INC. | | | | | |
| Principal Place of Business 525 PALERMO BLVD PONCIANA, FL 34759 US | | | Mailing Address 525 PALERMO BLVD PONCIANA, FL 34759 US | | |
| 2. Principal Place of Business -- No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State POINCIANA, FL | | | City & State POINCIANA, FL | | |
| Zip | | Country | | 4. FEI Number 20-0527740 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BERGER, HENRY A 525 PALERMO BLVD PONCIANA, FL 34759 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME BERGER, MARGARET R STREET ADDRESS 525 PALERMO BLVD CITY-ST-ZIP PONCIANA, FL 34759 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP POINCIANA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME BERGER, HENRY A STREET ADDRESS 525 PALERMO BLVD CITY-ST-ZIP PONCIANA, FL 34759 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP POINCIANA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SEC NAME BERGER, HENRY A STREET ADDRESS 525 PALERMO BLVD CITY-ST-ZIP PONCIANA, FL 34759 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP POINCIANA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TRES NAME BERGER, HENRY A STREET ADDRESS 525 PALERMO BLVD CITY-ST-ZIP PONCIANA, FL 34759 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP POINCIANA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | |
| 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 exemptions contained 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 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. | | | | | |
| SIGNATURE: | | | Date: 3/11/08 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |