2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 27, 2005 8:00 am
Secretary of State

04-28-2005 90209 003 ***150.00

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1. Entity Name
TURNINGPOINTE MEDICAID PLANNING SERVICES INC.

Principal Place of Business	Mailing Address
21864 ARRIBA REAL #3H BOCA RATON, FL 33433	21864 ARRIBA REAL #3H BOCA RATON, FL 33433
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04182005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0547769 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, ELIZABETH
21864 ARRIBA REAL
#3H
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name ELIZABETH K. ROBBINS
Street Address (P.O. Box Number is Not Acceptable) Same address
City Same 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 Elizabeth K. Robbins 4/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	PRESIDENT ELIZABETH K. ROBBINS 21864 ARRIBA REAL #3H BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: Elizabeth K. Robbins 4/21/05 561-218-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #