


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90191 036 \*\*\*150.00

<b>DOCUMENT # P04000007231</b>	
1. Entity Name <b>TURNINGPOINTE MEDICAID PLANNING SERVICES INC.</b>	

Principal Place of Business <b>21864 ARRIBA REAL #3H BOCA RATON, FL 33433</b>	Mailing Address <b>8130 GLADES RD. #318 BOCA RATON, FL 33434</b>
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2. Principal Place of Business - No P.O. Box # <b>6231 PGA BLVD.</b>	3. Mailing Address <b>6231 PGA BLVD.</b>
Suite, Apt. #, etc. <b>SUITE 104-153</b>	Suite, Apt. #, etc. <b>SUITE 104-153</b>
City & State <b>PALM BEACH GARDENS FL</b>	City & State <b>PALM BEACH GARDENS, FL</b>
Zip <b>33418</b>	Country <b>USA</b>

04092008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0547769</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	
<b>ROBBINS, ELIZABETH K 21864 ARRIBA REAL #3H BOCA RATON, FL 33433</b>	

7. Name and Address of New Registered Agent	
Name <b>ELIZABETH K KATZ</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6231 PGA BLVD.</b>	
<b>SUITE 104-153</b>	
City <b>PALM BEACH GARDENS FL</b>	Zip Code <b>33418</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 <i>Elizabeth K. Katz</i>	DATE <b>4/9/08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>ROBBINS, ELIZABETH K</b>	
STREET ADDRESS <b>21864 ARRIBA REAL #3H</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ELIZABETH K. KATZ</b>	
STREET ADDRESS <b>6231 PGA BLVD. SUITE 104-153</b>	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Elizabeth K. Katz</i>	DATE: <b>4/9/08</b>	DAYTIME PHONE: <b>561-775-3130</b>