

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007231

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** TURNINGPOINTE MEDICAID PLANNING SERVICES INC.

**Current Principal Place of Business:**

6231 PGA BLVD  
SUITE 104-153  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

**Current Mailing Address:**

6231 PGA BLVD  
SUITE 104-153  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

**FEI Number:** 20-0547769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZ, ELIZABETH  
6231 P G A BLVD  
SUITE 104-153  
PALM BEACH GARDENS, FL 33418 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P3  
Name: KATZ, ELIZABETH K  
Address: 6231 P G A BLVD, SUITE 104-153  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

**SIGNATURE:** ELIZABETH K. KATZ

PRES

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date