2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017134

Entity Name: PROFESSIONAL HEALTH GROUP OF FLORIDA, INC.

FILED Mar 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4987 N. UNIVERSITY DRIVE 20B

LAUDERHILL, FL 33351 US

Current Mailing Address: New Mailing Address:

4987 N. UNIVERSITY DRIVE 20B

LAUDERHILL, FL 33351 US

FEI Number: 41-2123581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ANGLADE, DOMINIQUE
9560 WELDON CIRCLE
4920 NW 85TH TERR
J205
TAMARAC, FL 33321 US

COLEMAN, JR., LUCIOUS MR.
4920 NW 85TH TERR
LAUDERHILL, FL 33351 US

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: LUCIOUS COLEMAN, JR 03/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: COLEMAN, LUCIOUS JR. COLEMAN, JR, LUCIOUS MR. Name: Name: 4920 NW 85TH TERRACE Address: 4920 NW 85TH TERRACE Address: City-St-Zip: LAUDERHILL, FL 33351 US City-St-Zip: LAUDERHILL, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LUCIOUS COLEMAN, JR. P 03/15/2005