

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058468

Entity Name: PERFECT HEALTH, P.A.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

18504 SE HERITAGE DR.
TEQUESTA, FL 33469

New Principal Place of Business:

1937 NORTH MILITARY TRAIL
SUITE S
WEST PALM BEACH, FL 33409

Current Mailing Address:

18504 SE HERITAGE DR.
TEQUESTA, FL 33469

New Mailing Address:

1937 NORTH MILITARY TRAIL
SUITE S
WEST PALM BEACH, FL 33409

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, CHARLES F
18504 SE HERITAGE DR.
TEQUESTA, FL 33469 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: PD () Delete
Name: WALTON, CHARLES F
Address: 18504 SE HERITAGE DR.
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES F. WALTON

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date