

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063907

FILED
Apr 11, 2008
Secretary of State

Entity Name: PARTNERS IN HEALTH PALM BEACH, INC.

Current Principal Place of Business:

5335 N. MILITARY TRAIL,
SUITE 44
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5335 N. MILITARY TRAIL
#44
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 68-0583926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMEDEE-BENJAMIN, FREDELINE D
4751 SUGAR PINE DRIVE
BOCA RATON, FL 33487 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: P () Delete
Name: AMEDEE-BENJAMIN, FREDELINE D
Address: 4751 SUGAR PINE DRIVE
City-St-Zip: BOCA RATON, FL 33487 US

Title: VP () Delete
Name: RODRIGUE, BENJAMIN
Address: 100 EAST SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33064 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FREDELINE AMEDEE-BENJAMIN

P

04/11/2008

Electronic Signature of Signing Officer or Director

Date