

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 23 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1062



DOCUMENT # P04000103509 1. Entity Name PROHEALTH RESOURCES, INC.					
Principal Place of Business 4330 WEST BROWARD BLVD SUITE I PLANTATION, FL 33317			Mailing Address 4330 WEST BROWARD BLVD SUITE I PLANTATION, FL 33317		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-1730544 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUIRAND, NANCY 4330 WEST BROWARD BLVD SUITE I PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUIRAND, NANCY 4330 WEST BROWARD BLVD. SUITE I PLANTATION, FL 33317 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">600106993246</div> <div style="font-size: 1.2em;">07/31/07--01045--018 **150.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 7/19/07 Daytime Phone #		

PROHEALTH RESOURCES

• MAGAZINE

• CME PROGRAMS

• HEALTH LECTURES

Mr. Russell Hunt
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

July 19, 2007

Dear Mr. Hunt:

Based on our conversation today regarding ProHealth Resources Annual Report, attached is the check that was returned back to me and the Annual Report as well as a copy of the letter that was sent to me along with the check.

As mentioned, I did not receive any prior notice from the Florida Division of Corporations. I kindly thank you for accepting my check of \$150 for ProHealth Resources 2007 Annual Report.

Should you have any questions, please do not hesitate to contact at the telephone noted on the bottom of this letter.

Kind regards,



Nancy Guirand, MBA

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