2005 FOR PROFIT CORPORATION ANNUAL REPORT

Kuster Hanab Rusident

SIGNATURE:

FILED Apr 07, 2005 8:00 am Secretary of State

3/29/05

Davier e Phone #

DOCUMENT # P04000120306 1. Entity Name PROFESSIONAL LYMPHEDEMA SERVICES INC.							04-07-2005	90033 0	05 ***15	8.75	
Principal Place 2568 S RIDG EDGEWATER,	EWOOD AVE SUITE 3		Mailing Address 2568 S RIDGEWOOD AVE SUITE 3 EDGEWATER, FL 32141			1 F3 8 11 	88 111 8 5711 98 114 88 40 88 11		3479		
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			03292005	Chg-P	CR2E03	34 (10/03)		
City & State	е	City & State	City & State			4. FEI Numb	90-0197	سرن		plies Fo of Applica	
Zip	Country	Zip			- S. Certificate of Status Desir			Fee Required			
<u> </u>	6. Name and Address of Curr	rent Registered Agent		Name		7. Name and	Address of New R	egistered A	gent		
BERNER, JEFFREY 143 LIVE OAK CT NEW SMYRNA BEACH, FL 32168					Name Street Address (P.O. Box Number is Not Acceptable)						
**				City		,			Zip Coo		
		City				FL	Zip Cook				
	named entity submits this statemer ions of registered agent. Sonaur, up is youned name of registered	mer_	ging its register				th, in the State of Flo	3/29 DATE		and acco	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5		Campaign Final d Contribution.	ncing	\$5. 0 Adde	00 May Be ed to Fees					
10.	OFFICERS A	AND DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	P	☐ Delet		Ε	Vice	*******			Change	☐ Act	
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indicated of the cor	certify that the information supplied on this report or supplemental rep poration or the regeiver or trustee or on an attachment with an address	ort is true and accurate an empowered to execute this	d that my signa report as requ	iture shall ha	ave the s	ame legal effe	ot as if made under -	oath; that I a	m an officer	or direc	