


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-07-2005 90033 005 ***158.75

DOCUMENT # P04000120306	
1. Entity Name PROFESSIONAL LYMPHEDEMA SERVICES INC.	

Principal Place of Business 2568 S RIDGEWOOD AVE SUITE 3 EDGEWATER, FL 32141	Mailing Address 2568 S RIDGEWOOD AVE SUITE 3 EDGEWATER, FL 32141
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50034796



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03292005 Chg-P CR2E034 (10/03)

4. FEI Number **90-0197202** Applied For
Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERNER, JEFFREY
143 LIVE OAK CT
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 *Jeffrey R Berner* DATE *3/29/05*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME BERNER, JEFFREY S	
STREET ADDRESS 2568 S RIDGEWOOD AVE SUITE 3	
CITY-ST-ZIP EDGEWATER, FL 32141	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME Berner, Jeffrey R	
STREET ADDRESS 2568 S. Ridgewood Ave Suite 3	
CITY-ST-ZIP Edgewater FL 32141	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME Kristen Hanak	
STREET ADDRESS 2568 S. Ridgewood Ave Suite 3	
CITY-ST-ZIP Edgewater FL 32141	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristen Hanak President* DATE *3/29/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #