

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153423

FILED
Apr 11, 2005
Secretary of State

Entity Name: ELITE HEALTHCARE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

10111 FOREST HILL BLVD
221
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

PO BOX 210114
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 20-1852288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAM, PEDRO
9038 WELLINGTON
FLORIDA, FL 33421 US

Name and Address of New Registered Agent:

NAM, PEDRO
9038 WELLINGTON
FLORIDA, FL 33414 US

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: PEDRO NAM, MD

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAM, PEDRO
Address: 10111 FOREST HILL BLVD. SUITE 221
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: NAM, ADRIANA
Address: 9038 ALEXANDRA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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 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: PEDRO NAM, MD

P

04/11/2005

Electronic Signature of Signing Officer or Director

Date