

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

06-24-2005 90003 041 ***150.00

DOCUMENT # P04000154752 1. Entity Name S & N PROVIDER HEALTH CARE CORP																																															
Principal Place of Business 239 1/2 N. KROME AVENUE HOMESTEAD, FL 33034			Mailing Address 239 1/2 N. KROME AVENUE HOMESTEAD, FL 33034																																												
2. Principal Place of Business 725 S.W. 4 Terr <small>Suite, Apt. #, etc.</small>		3. Mailing Address 725 S.W. 4 Terr <small>Suite, Apt. #, etc.</small>																																													
City & State Florida City		City & State FL 33034		4. FEI Number 03-0551104																																											
Zip 33034		Country DATE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent MORRISSEY, NANCY C 725 S.W. 4TH TERRACE FL CITY, FL 33034				7. Name and Address of New Registered Agent Name Nancy C. Morrissey Street Address (P.O. Box Number is Not Acceptable) 27104 S Dixie Hwy City Naranja FL Zip Code 33032																																											
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 <u><i>Nancy C. Morrissey</i></u> 06/17/05 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 60%;"> P MORRISSEY, NANCY 239 1/2 N. KROME AVENUE HOMESTEAD, FL 33034 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORRISSEY, NANCY 239 1/2 N. KROME AVENUE HOMESTEAD, FL 33034	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 60%;"> MORRISSEY, NANCY 725 S.W. 4 Terr Florida City, FL 33032 </td> <td style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MORRISSEY, NANCY 725 S.W. 4 Terr Florida City, FL 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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 if changed, or on an attachment with an address, with all other like empowered.																																															
SIGNATURE: <u><i>Nancy C. Morrissey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			06/17/05 786-286-8918 <small>Date Daytime Phone</small>																																												

66026408



06172005 Chg-P CR2E034 (10/03)

ATTACHMENT

00026408

**DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
S & N PROVIDER HEALTH CARE
DOCUMENT P04000154752**

June 17, 2005

To Whom It May Concern:

I am writing this letter to explain the reason why I did not file the annual report, For the year 2004-2005, I never received the letter for the renewal. It never got on my mail; I am including my new address: **27104 S DIXIE HWY NARANJA, FL 33032** For this reason I am writing this letter to consider this inconvenience and renew it without any late fee. I am enclosing the payment for the year of \$150.00 I feel sorry for any inconvenience.

If you have any question does not hesitate to contact me at (786)286-8918

Sincerely,


NANCY C. MORRISSEY
PRESIDENT