

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106851

Entity Name: PRO HEALTHCARE, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

1948 NE 123RD STREET  
NORTH MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

1948 NE 123RD STREET  
NORTH MIAMI, FL 33181

## New Mailing Address:

FEI Number: 75-3198028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARON, WALLACE D  
13762 W STATE ROAD 84 #135  
DAVIE, FL 33325 US

## Name and Address of New Registered Agent:

BARON, SPENCER D  
13762 W STATE ROAD 84 #135  
DAVIE, FL 33325 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: SPENCER BARON

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BARON, WALLACE  
Address: 13762 W STATE ROAD 84 #135  
City-St-Zip: DAVIE, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BARON, SPENCER  
Address: 13762 W STATE ROAD 84 #135  
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SPENCER BARON

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date