

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113811

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: REPUBLIC OF HEALTH, INC.

## Current Principal Place of Business:

860 S. W. 22ND STREET  
BOCA RATON, FL 33496

## New Principal Place of Business:

## Current Mailing Address:

860 S. W. 22ND STREET  
BOCA RATON, FL 33486

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEWIS, HARRIET R  
1900 GLADES ROAD  
SUITE 251  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOONEY, ROBERT  
Address: 860 S. W. 22ND STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Delete  
Name: GOLDBAUM, IAN  
Address: 854 ALAMANDA STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete  
Name: DANA, JOSEPHSON  
Address: 854 ALAMANDA STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: T ( ) Delete  
Name: LEWIS, HARRIET R  
Address: 860 S. W. 22ND STREET  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: ROBERT MOONEY

P

07/02/2007

Electronic Signature of Signing Officer or Director

Date