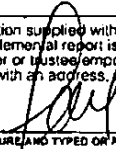


2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/7/2008-90062-020-\$150.00-\$150.00

DOCUMENT # P07000026153 1. Entity Name PROFESSIONAL HEALTH INSTITUTE, INC.					
Principal Place of Business 165 SW 130 AVENUE MIAMI, FL 33184		Mailing Address 165 SW 130 AVENUE MIAMI, FL 33184			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number		☒ Applied For ☐ Not Applicable			
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PENA, JOSE M 165 SW 130 AVENUE MIAMI, FL 33184			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENA, JOSE M 165 SW 130 AVENUE MIAMI, FL 33184 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D JOSE M Pena 165 SW 130 AVE MIAMI FL 33184 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRIANA, CARIDAD 9551 FONTAINEBLEAU BLVD-D-425 MIAMI, FL 33172 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			8-2-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

2008 OCT -3 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08022008

Chg-P

CR2E034 (12/06)