# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000052998

1. Entity Name
PROFESSIONAL HEALTH CARE EDUCATIONAL SYSTEMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1520 BROOKER RD. BRANDON, FL 33511    US | P.O. BOX 291883 TAMPA, FL 33617    US |

**DO NOT WRITE IN THIS SPACE**

02112006     No Chg-P     CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 59-3334333 | Not Applicable |

5. Certificate of Status Desired  ☐  **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REELE, BONNIE
1520 BROOKER RD.
BRANDON, FL 33511

**DO NOT WRITE IN THIS SPACE**

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 reinstating)        DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution.  ☐  **$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | JOSEPH, INEZ V |
| STREET ADDRESS | 9480 FOWLER AVENUE |
| CITY-ST-ZIP | THONOTOSASSA, FL 33592 |
| TITLE | ST |
| NAME | REELE, BONNIE L |
| STREET ADDRESS | 1520 BROOKER RD. |
| CITY-ST-ZIP | BRANDON, FL 33511 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE IN THIS SPACE**

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: _Bonnie L. Reele  Sec/Tres_    2/2/06    813-654-4252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #