


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000052998</b> 1. Entity Name <b>PROFESSIONAL HEALTH CARE EDUCATIONAL SYSTEMS, INC.</b>	
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Principal Place of Business <b>1520 BROOKER RD. BRANDON, FL 33511 US</b>	Mailing Address <b>P.O. BOX 291883 TAMPA, FL 33617 US</b>
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03032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3334333</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>REELE, BONNIE 1520 BROOKER RD. BRANDON, FL 33511</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>400000658631</b> <b>03/15/07-80046-002 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P JOSEPH, INEZ V 9480 FOWLER AVENUE THONOTOSASSA, FL 33592</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST REELE, BONNIE L 1520 BROOKER RD. BRANDON, FL 33511</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 (Bonnie L. Reele) 3/4/07 813-654-5252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #