

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000052998**

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



Principal Place of Business

**1520 BROOKER RD.  
BRANDON, FL 33511 US**

Mailing Address

**P.O. BOX 291883  
TAMPA, FL 33617 US**

**DO NOT WRITE IN THIS SPACE**



03082008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3334333**

Applied For

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, 2008 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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000859303  
04/02/08-80017-012 150.00

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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, Secretary/Treas.*

*3/8/08*