

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052998

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1520 BROOKER RD.  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 291883  
TAMPA, FL 33617 US

**New Mailing Address:**

**FEI Number:** 59-3334333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REELE, BONNIE  
1520 BROOKER RD.  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

REELE, BONNIE L ST  
1520 BROOKER RD.  
BRANDON, FL 33511 US

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:** BONNIE L. REELE, SECRETARY/TREASURER

03/10/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JOSEPH, INEZ V P  
**Address:** 9480 FOWLER AVENUE  
**City-St-Zip:** THONOTOSASSA, FL 33592

**Title:** ST  
**Name:** REELE, BONNIE L ST  
**Address:** 1520 BROOKER RD.  
**City-St-Zip:** BRANDON, FL 33511

I hereby 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 all other like empowered.

**SIGNATURE:** BONNIE L. REELE, SECRETARY/TREASURER

ST

03/10/2010

Electronic Signature of Signing Officer or Director

Date