2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 02, 2004 8:00 am Secretary of State 08-02-2004 90005 034 ***158.75 **DOCUMENT # P95000081264** 1. Entity Name MACKEY HEALTH INSTITUTE, INC. Principal Place of Business Mailing Address \$4065967 1900 S OLIVE AVE 1900 S OLIVE AVE 2ND FLOOR 2ND FLOOR WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07212004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3311353 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent MACKEY; BONNIE Street Address (P.O. Box Number is Not Acceptable) 1900 S OLIVE AVE WEST PALM BEACH, FL 33401 City 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 reinstating) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaion Financing Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Secret. Change VΡ TITLE TITLE Addition Delete EGOL, NANCY NAME NAME 1900 S OLIVE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP **X** Delete Carcal TITLE TITLE CHEN REGINA NAME Palm Beach, Ir STREET ADDRESS 1900 S OLIVE AVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition MACKEY, SUSAN NAME NAME STREET ADDRESS 1900 S OLIVE AVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE Delete TITLE . Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete ☐ Addition TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 repeiver 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 altact/prient with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

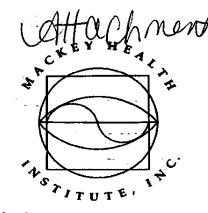
SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

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Bonnie Mackey, MSN, ARNP, HNC, MTC President, Holistic Nurse Practitioner Integrative HealthCare

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July 27, 2004

Division of Corporations

Annual Report Business Report Section

- PO Box 6327

Tallahassee, FL 32314-6198

RE: Mackey Health Institute, Inc.

Document # P 95000081264

FEI#: 59-3311353

To Whom It May Concern:

Ham enclosing the completed For Profit Corporation Annual Report for the Mackey Health Institute, Inc. I am requesting a waiver of the late fee due to not having received the annual report notice. I have enclosed a check #3212 in the amount of \$158.75 to cover the cost of the filing fee and the certificate of status.

If you need additional information please do not hesitate to contact me. I appreciate your time and consideration in this matter.

Sincerely,

Bonnie Mackey, M8N, ARNP, HNC