

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081264

FILED  
Feb 19, 2008  
Secretary of State

Entity Name: MACKEY HEALTH INSTITUTE, INC.

## Current Principal Place of Business:

1900 S OLIVE AVE  
2ND FLOOR  
WEST PALM BEACH, FL 33401 US

## Current Mailing Address:

1900 S OLIVE AVE  
2ND FLOOR  
WEST PALM BEACH, FL 33401 US

## New Principal Place of Business:

3385 COASTAL HIGHWAY  
#11  
ST. AUGUSTINE, FL 32084 US

## New Mailing Address:

P.O. BOX 193  
ST. AUGUSTINE, FL 32084

FEI Number: 59-3311353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACKEY, BONNIE  
1900 S OLIVE AVE  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

MACKEY, BONNIE  
3385 COASTAL HIGHWAY  
#11  
ST. AUGUSTINE, FL 32084 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:

02/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MACKEY, BONNIE  
Address: 1900 S. OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP ( ) Delete  
Name: HUNTER, CAREN  
Address: 1900 S OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: T ( ) Delete  
Name: MACKEY, SUSAN  
Address: 1900 S OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MACKEY, BONNIE  
Address: 3385 COASTAL HIGHWAY #11  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: VP (X) Change ( ) Addition  
Name: RANES, DEBORAH  
Address: 3385 COASTAL HIGHWAY # 11  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: T (X) Change ( ) Addition  
Name: MACKEY, SUSAN  
Address: 3385 COASTAL HIGHWAY # 11  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BONNIE T. MACKEY, PHD, ARNP, PRESIDENT

P

02/19/2008

Electronic Signature of Signing Officer or Director

Date