
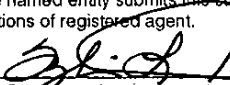
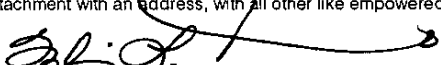


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90201 005 \*\*\*150.00

<b>DOCUMENT # P96000092176</b> 1. Entity Name <b>PROFESSIONAL MEDICAL ADMINISTRATORS, INC.</b>			
Principal Place of Business <b>7313 W ATLANTIC AVENUE DELRAY BEACH FL 33446</b>		Mailing Address <b>7313 W ATLANTIC AVENUE DELRAY BEACH FL 33446</b>	
2. Principal Place of Business <b>1200 Clint Moore Road</b> Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Boca Raton, FL</b> Zip <b>33487</b> Country <b>USA</b>		3. Mailing Address <b>1200 Clint Moore Road</b> Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Boca Raton, FL</b> Zip <b>33487</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>TOSCANO, SYLVIA 7313 W ATLANTIC AVENUE DELRAY BEACH FL 33446</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1200 Clint Moore Road</b> <b>Suite 2</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>	
4. FEI Number <b>65-0721302</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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  DATE <b>2-18-05</b> <small>Signature, typed or printed name of registered agent is not applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	TOSCANO, SYLVIA	NAME	
STREET ADDRESS	7313 W ATLANTIC AVENUE	STREET ADDRESS	<b>1200 CLINT MOORE ROAD, STE. 2.</b>
CITY-ST-ZIP	DELRAY BEACH FL 33446	CITY-ST-ZIP	<b>BOCA RATON, FL. 33487</b>
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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: 		Date <b>2/18/05</b> Daytime Phone # <b>561-893-8800</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			