

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000055336

1. Entity Name
PASSAGES MEDICAL PARTNERSHIP, INC.



FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business
2000 PGA BOULEVARD
SUITE 2204
NORTH PALM BEACH, FL 33408

Mailing Address
2000 PGA BOULEVARD
SUITE 2204
NORTH PALM BEACH, FL 33408



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0762398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K ESQ.
631 U.S. HIGHWAY ONE
SUITE 404
NORTH PALM BEACH, FL 33408

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICKSON, IVAN C JR 2000 PGA BLVD. SUITE 2204 N PALM BEACH, FL 33408
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07/16/08-80005-032 150.00

**DO NOT WRITE
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08 561-627-7720
Date Daytime Phone #