

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055336

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** PASSAGES MEDICAL PARTNERSHIP, INC.

**Current Principal Place of Business:**

2000 PGA BOULEVARD  
SUITE 2204  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

2000 PGA BOULEVARD  
SUITE 2204  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 65-0762398      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** FREDERICKSON, IVAN C JR  
**Address:** 2000 PGA BLVD. SUITE 2204  
**City-St-Zip:** N PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: IVAN FREDERICKSON

D

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date