


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000037512 1. Entity Name PROFESSIONAL HEALTH CARE ASSOCIATES, INC.	
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Principal Place of Business 773 MCMILLAN RD CHATTAHOOCHEE, FL 32324	Mailing Address PO BOX 427 CHATTAHOOCHEE, FL 32324
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3490012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, DYRON
773 MCMILLAN RD
CHATTAHOOCHEE, FL 32324**

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000141458 04/30/04-88012-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSTON, ROWENA P O BOX 456 N/A MIDWAY, FL 32343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHEA, CHRISTINE RT 1, BOX 3128 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEOPLES, SHILDA P O BOX 193 N/A QUINCY, FL 32353
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DYRON P O BOX 609 N/A CHATTAHOOCHEE, FL 32324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, BRENDA 907 HASTIE RD TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURLOW, JESSIE RT 6, BOX 420-H QUINCY, FL 32351

**DO NOT WRITE
IN THIS SPACE**

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: Dyron Williams DYRON WILLIAMS 4/28/04 850 663-4018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #