

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000039511

FILED  
Mar 09, 2004  
Secretary of State

Entity Name: PALM BEACH HEALTH ASSOCIATES, INC.

## Current Principal Place of Business:

1590 CONGRESS AVE.  
WEST PALM BEACH, FL 33406

## New Principal Place of Business:

## Current Mailing Address:

1590 CONGRESS AVE.  
WEST PALM BEACH, FL 33406

## New Mailing Address:

FEI Number: 65-0871642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEIN, BRENT D  
801 BRICKELL AVENUE  
SUITE 1901  
MIAMI, FL 33409 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: DP ( ) Delete  
Name: AGUIRRE, GERALDO  
Address: 2781 TECUMSEH DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T (X) Delete  
Name: MITCHELL, KELLI  
Address: 2781 TECUMSEH DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP (X) Delete  
Name: GONZALEZ, ADA  
Address: 500 MARQUESA DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CEULEERS, BARBARA  
Address: 1590 S. CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33406

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA CEULEERS

DP

03/09/2004

Electronic Signature of Signing Officer or Director

Date