


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90310 046 ***150.00

DOCUMENT # P99000069270	
1. Entity Name PALM BEACH MEDICS, INC.	

Principal Place of Business 351 SOUTH CYPRESS ROAD SUITE 400 POMPANO BEACH, FL 33060	Mailing Address 351 SOUTH CYPRESS ROAD SUITE 400 POMPANO BEACH, FL 33060
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20039055



2. Principal Place of Business 378 SW 12th Ave.	3. Mailing Address P.O. BOX 4595
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04012005 Chg-P CR2E034 (10/03)

City & State Deerfield Beach, FL	City & State DEERFIELD BEACH, FL
Zip 33442	Country USA
Zip FL	Country BROWARD

4. FEI Number 59-2154162	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COHEN, MITCHELL A 351 SOUTH CYPRESS ROAD SUITE 400 POMPANO BEACH, FL 33060	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, MALCOLM M 351 SOUTH CYPRESS ROAD SUITE 400 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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