


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED JUL 21 2005

DOCUMENT # M24786					
1. Entity Name STRATEGIC HEALTH DEVELOPMENT CORPORATION					
Principal Place of Business 9501 NE 2ND AVENUE MIAMI SHORES, FL 33138			Mailing Address 9501 NE 2ND AVENUE MIAMI SHORES, FL 33138		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2626367	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, JAMES M. 801 BRICKELL AVENUE 24TH FLOOR MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	

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05 JUL 18 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062005 Chg-P CR2E034 (10/03)

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 _____

Amended AR is \$61.25	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	ST KARNIEWICZ, CYNTHIA L. 1008 PINE BRANCH DRIVE FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME	ST Randall S. Grobe 5413 TONYAWATHA TRAIL MONONA, WI 53716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	7000577898 07/22/05--01031--001 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	C KARNIEWICZ, ALFRED JR. 1008 PINE BRANCH DRIVE FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	P WALLBANK, NIGEL 811 FARWELL DRIVE MADISON, WI 53704	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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: *Nigel Wallbank* Date: 7-7-05 Daytime Phone #: 305-632-3334