

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020320

FILED
May 13, 2008
Secretary of State

Entity Name: PATRIOT HEALTH FLORIDA, INC.

Current Principal Place of Business:

6742 FOREST HILL BLVD
120
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

160 EILEEN WAY
SYOSSET, NY 11791 US

Current Mailing Address:

6742 FOREST HILL BLVD
120
WEST PALM BEACH, FL 33413 US

New Mailing Address:

160 EILEEN WAY
SYOSSET, NY 11791 US

FEI Number: 02-0721662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HODES, ROBERT
Address: 8679 EAST WENDY LANE
City-St-Zip: WEST PALM BEACH, FL 33411 US

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: ROBERT HODES

D

05/13/2008

Electronic Signature of Signing Officer or Director

_____ Date