2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001692

1. Entity Name
HEATH CONSULTANTS INCORPORATED

Principal Place of Business	Mailing Address
9030 MONROE ROAD HOUSTON, TX 77061	9030 MONROE ROAD HOUSTON, TX 77061

04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2144731
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INCORP SERVICES, INC.
103 NORTH MERIDIAN ST.
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CT
NAME	HEATH, MILTON W JR
STREET ADDRESS	80 OLD ORCHARD ROAD
CITY-ST-ZIP	SHERBORN, MA 01770
TITLE	DP
NAME	MIDGLEY, GRAHAM
STREET ADDRESS	5831 MOUNTAIN VIEW DRIVE
CITY-ST-ZIP	KINGWOOD, TX 77345
TITLE	D
NAME	EYNON, STUART
STREET ADDRESS	11 FRANKLAND ROAD
CITY-ST-ZIP	ASHLAND, MA 01721
TITLE	VP
NAME	HUFFMAN, JAMES
STREET ADDRESS	9030 MONROE ROAD
CITY-ST-ZIP	HOUSTON, TX 77061
TITLE	S
NAME	MONROE, M. VANCE
STREET ADDRESS	5 PATRICIA ROAD
CITY-ST-ZIP	FRAMINGHAM, MA 01701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80133-008 150.00

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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: _____ 4/29/05 (713)844-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #