

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001244

FILED
Mar 23, 2005
Secretary of State

Entity Name: HEALTH MART SYSTEMS, INC.

Current Principal Place of Business:

ONE POST ST.
SAN FRANCISCO, CA 94104

New Principal Place of Business:

Current Mailing Address:

ONE POST ST. - 33RD FLOOR
ATTN: GLENETTE E. BABB
SAN FRANCISCO, CA 94104

New Mailing Address:

FEI Number: 94-3261009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST., #105
TALLAHASSEE, FL 32301 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: PD () Delete
Name: LINN, STEFAN
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VSD () Delete
Name: VEACO, KRISTINA
Address: ONE POST ST., 33RD FLOOR
City-St-Zip: SAN FRANCISCO, CA 94104

Title: D () Delete
Name: PATTERSON, LEONARD M M
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS () Delete
Name: BRENNAN, WILLIAM H
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS () Delete
Name: BABB, GLENETTE E
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS () Delete
Name: WAGSTAFF, WILLIAM E
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PATTERSON, LEONARD M
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

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

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: GLENETTE E BABB

AS

03/23/2005

Electronic Signature of Signing Officer or Director

_____ Date