


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90012 022 ****61.25

DOCUMENT # N97000004350

1. Entity Name
HEP-C ALERT, INC.



Principal Place of Business 660 NE 125 STREET NORTH MIAMI, FL 33161 US	Mailing Address 7777 GLADES RD 209 BOCA RATON, FL 33434 US
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54016363



02042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0770856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAHONEY, ROBERT F. CPA
 7777 GLADES RD
 BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, ANDREA LEE 1541 SW 55 AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAHONEY, ROBERT F 3801 N FEDERAL HWY POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUINN, NORMAN 12290 NW 20T CT PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCMURRAY, CONNIE R.N. 4840 SW 92ND AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHERS, KATHLEEN 660 NE 125 STREET NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS COONS 660 NE 125 STREET N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL BROWN 660 NE 125 STREET N. MIAMI, FL 33161

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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 617, 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  _____ **3/3/04** **315 893 7992**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #