


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90031 009 ****61.25

DOCUMENT # N97000004350

1. Entity Name
HEP-C ALERT, INC.



40005510



Principal Place of Business
660 NE 125 STREET
NORTH MIAMI, FL 33161 US

Mailing Address
7777 GLADES RD
209
BOCA RATON, FL 33434 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01072005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0770856

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P	ANDRA THOMAS, ANDREA LEE	<input type="checkbox"/> Delete
NAME	1541 SW 55 AVE	
STREET ADDRESS	PLANTATION, FL 33317	
CITY-ST-ZIP		
TITLE TD	MAHONEY, ROBERT F	<input type="checkbox"/> Delete
NAME	3801 N FEDERAL HWY	
STREET ADDRESS	POMPANO BEACH, FL 33064	
CITY-ST-ZIP		
TITLE VPD	QUINN, NORMAN	<input type="checkbox"/> Delete
NAME	12290 NW 20T CT	
STREET ADDRESS	PLANTATION, FL 33323	
CITY-ST-ZIP		
TITLE D	COONS, LOUIS	<input checked="" type="checkbox"/> Delete
NAME	660 NE 125 ST.	
STREET ADDRESS	MIAMI, FL 33161	
CITY-ST-ZIP		
TITLE SD	MATHERS, KATHLEEN	<input type="checkbox"/> Delete
NAME	660 NE 125 STREET	
STREET ADDRESS	NORTH MIAMI, FL 33161	
CITY-ST-ZIP		
TITLE D	BROWN, MICHAEL	<input type="checkbox"/> Delete
NAME	660 NE 125 ST.	
STREET ADDRESS	MIAMI, FL 33161	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

PLEASE CORRECT SPELLING.

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: ANDREA LEE THOMAS **ANDREA LEE THOMAS** 1/11/05 **305-893-7992**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #