


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-23-2006 90013 001 ****61.25

DOCUMENT # N97000004350 1. Entity Name HEP-C ALERT, INC.	
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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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66008350



02272008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0770856	Applied For. <input checked="" type="checkbox"/> 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

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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 _____ (NOTE: Registered Agent signature required when reselecting) DATE _____

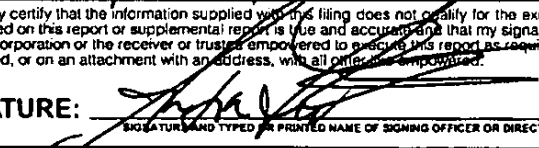
Filing Fee is \$61.25 Due by May 1, 2006

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, ANDRA 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 33084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUINN, NORMAN 12290 NW 20T CT PLANTATION, FL 33323
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 BROWN, MICHAEL 660 NE 125 ST. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIXON, GERMANY DIRECTOR 660-NE 125 ST N. MIA, FL 33161

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers empowered.

SIGNATURE:  DATE: 3/13/06 DAYTIME PHONE: 305-893-7992