

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032436

Entity Name: HIPAA CONSULTANTS, INC.

FILED  
May 05, 2004  
Secretary of State

**Current Principal Place of Business:**

8138 LAKEPOINTE DRIVE  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

8138 LAKEPOINTE DRIVE  
PLANTATION, FL 33322

**New Mailing Address:**

120 SW 91ST AVE.  
306  
PLANTATION, FL 33324

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORGANSTEIN, DAVID S  
120 SW 91ST AVE.  
306  
PLANTATION, FL 33324

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      DAVID, MORGANSTEIN S  
Address:                      120 SW 91ST AVE., SUITE 306  
City-St-Zip:                      PLANTATION, FL 33324

Title:                      V                      ( ) Delete  
Name:                      ZIVA, ALLEN  
Address:                      8138 LAKEPOINTE DRIVE  
City-St-Zip:                      PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DAVID S. MORGANSTEIN

P

05/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date